

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000465382

Entity Name: THERAGROW, LIMITED LIABILITY COMPANY

Current Principal Place of Business:

213 PIMA TRL
GROVELAND, FL 34736

Current Mailing Address:

213 PIMA TRL
GROVELAND, FL 34736 US

FEI Number: APPLIED FOR

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
476 RIVERSIDE AVE.
JACKSONVILLE, FL 32202 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name EDWARDS, HASANI A
Address 213 PIMA TRL
City-State-Zip: GROVELAND FL 34736

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HASANI EDWARDS

OWNER

04/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date