

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000517173

Entity Name: DR. NOREEN RECOVERY EXPERT LLC

Current Principal Place of Business:

1122 AUGUSTUS DR
DAVENPORT, FL 33896

Current Mailing Address:

1122 AUGUSTUS DR
DAVENPORT, FL 33896 US

FEI Number: 93-4499322

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SIDHOM, NOREEN DR
1122 AUGUSTUS DR
DAVENPORT, FL 33896 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 DR
Name SIDHOM, NOREEN
Address 1122 AUGUSTUS DR
City-State-Zip: DAVENPORT FL 33896

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: NOREEN SIDHOM

02/12/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date