

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000536585

**Entity Name:** HBZULTHERAPY, LLC

**Current Principal Place of Business:**

1465 SW 122 AVE  
APT-4  
MIAMI, FL 33184

**FILED**  
**Mar 19, 2024**  
**Secretary of State**  
**0871453875CC**

**Current Mailing Address:**

1465 SW 122 AVE  
APT-4  
MIAMI, FL 33184

**FEI Number: 93-4700156**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HERNANDEZ, ZULEMIS  
1465 SW 122 AVE  
APT-4  
MIAMI, FL 33184 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            MGR  
Name            HERNANDEZ, ZULEMIS  
Address        1465 SW 122 AVE APT-4  
City-State-Zip: MIAMI FL 33184

*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: HERNANDEZ ZULEMIS**

**MANAGER**

**03/19/2024**

\_\_\_\_\_

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_

Date