

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M23000012381

Entity Name: THERAMANAGER, LLC

Current Principal Place of Business:

2711 CENTERVILLE RD SUITE 400
WILMNGTON, DE 19808

Current Mailing Address:

PO BOX 309
FUNKSTOWN, MD 21734 US

FEI Number: 37-1662187

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INCORPORATING SERVICES, LTD
1540 GLENWAY DR.
TALLAHASSEE, FL 32301 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 | Title | MBR |
| Name | VB ACQUISITION CORP | Name | TRAN, HOANGOANH |
| Address | 16193 COASTAL HWY | Address | 7410 LINDERMANN TRL |
| City-State-Zip: | LEWES DE 19958 | City-State-Zip: | MADISON WI 53719 |

| | |
|-----------------|------------------|
| Title | AUTH |
| Name | FORTNEY, GILLIAN |
| Address | 1123 COHIBA CT |
| City-State-Zip: | VERONA WI 53593 |

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: GILLIAN FORTNEY

**CHIEF OPERATING
OFFICER**

01/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date