

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000018365

**Entity Name:** NO CALL STRATEGIES, LLC

**Current Principal Place of Business:**

4150 NORTH ARMENIA AVENUE, STE. 200  
TAMPA, FL 33607

**Current Mailing Address:**

4150 NORTH ARMENIA AVENUE, STE. 200  
TAMPA, FL 33607 US

**FEI Number:** 56-2359688

**Certificate of Status Desired:** No

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

IRANI, JENNIFER MD  
4150 NORTH ARMENIA AVENUE, STE. 200  
TAMPA, FL 33607 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 MMPS  
Name VON THRON, JAMES CMD  
Address 4150 NORTH ARMENIA AVENUE, STE.  
200  
City-State-Zip: TAMPA FL 33607

Title MMV  
Name GREENBERG, STEVEN MD  
Address 4150 NORTH ARMENIA AVENUE, STE.  
200  
City-State-Zip: TAMPA FL 33607

Title AUTHORIZED MEMBER  
Name IRANI, JENNIFER DR.  
Address 4150 NORTH ARMENIA AVENUE, STE.  
200  
City-State-Zip: TAMPA FL 33607

Title AUTHORIZED MEMBER  
Name GOODEN, NATASHA DR.  
Address 4150 NORTH ARMENIA AVENUE, STE.  
200  
City-State-Zip: TAMPA FL 33607

*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:** JENNIFER IRANI

MD

03/05/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date