

2022 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**AUTHORIZED MEMBER****02/14/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date