## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000046187

Entity Name: INJURY FUNDS NOW, LLC

**Current Principal Place of Business:** 

2800 PONCE DE LEON BLVD SUITE 1480

CORAL GABLES, FL 33134

## **Current Mailing Address:**

2800 PONCE DE LEON BLVD SUITE 1480 CORAL GABLES, FL 33134 US

FEI Number: 65-1227877 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

LIPCON, MARGULIES & WINKLEMAN P.A. 2800 PONCE DE LEON BLVD SUITE 1480 CORAL GABLES, FL 33134 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: CHARLES R. LIPCON 04/16/2025

Electronic Signature of Registered Agent Date

## Authorized Person(s) Detail:

Title MGR

Name ATLANTIC TRUST

Address 2800 PONCE DE LEON BLVD

**SUITE 1480** 

City-State-Zip: CORAL GABLES FL 33134

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: CHARLES R. LIPCON TRUSTEE 04/16/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Apr 16, 2025

**Secretary of State** 

4624008236CC