

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000130882

**Entity Name:** ANN P. FUNK, PH.D., LLC

**Current Principal Place of Business:**

1530 METROPOLITAN BLVD. #206  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

1530 METROPOLITAN BLVD. #206  
TALLAHASSEE, FL 32308

**FEI Number:** 46-1184902

**Certificate of Status Desired:** No

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

FUNK, ANN PH.D.  
1530 METROPOLITAN BLVD. #206  
TALLAHASSEE, FL 32308 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:** ANN P. FUNK, PH.D. (NOT A CHANGE IN AGENT, JUST PH.D. EDIT)

03/01/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name FUNK, ANN PH.D.  
Address 1530 METROPOLITAN BLVD. #206  
City-State-Zip: TALLAHASSEE FL 32308

*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:** ANN P. FUNK

MGRM

03/01/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date