## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000123553

Entity Name: APOLLO THERAPIES LLC

**Current Principal Place of Business:** 

6405 MAYRA SHORES LN APOLLO BEACH, FL 33572

**Current Mailing Address:** 

6405 MAYRA SHORES LN APOLLO BEACH, FL 33572 US

FEI Number: 47-1568513 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LUMPKIN, JOHN 6405 MAYRA SHORES LN APOLLO BEACH, FL 33572 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

FILED Jan 27, 2025

**Secretary of State** 

7819273027CC

## Authorized Person(s) Detail:

Title CEO

Name LUMPKIN, JOHN

Address 6405 MAYRA SHORES LN
City-State-Zip: APOLLO BEACH FL 33572

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.

Electronic Signature of Signing Authorized Person(s) Detail