## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000138512

**Entity Name: IKARE TREATMENT CENTER LLC** 

**Current Principal Place of Business:** 

1720 E. TIFFANY DRIVE

#101

WEST PALM BEACH, FL 33407

## **Current Mailing Address:**

1720 E TIFFANY DR SUITE 101 MANGONIA PARK, FL 33407 US

FEI Number: APPLIED FOR Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

GARY, NICHOLE 1720 E TIFFANY DR SUITE 101 MANGONIA PARK, FL 33407 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: NICHOLE GARY 04/23/2024

Electronic Signature of Registered Agent Date

## Authorized Person(s) Detail:

Title COOV

Name GARY, NICHOLE

Address 1720 EAST TIFFANY DRIVE

SUITE 101

City-State-Zip: WEST PALM BEACH FL 33407

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: NICHOLE GARY CEO 04/23/2024

FILED Apr 23, 2024

**Secretary of State** 

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