2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2024
Secretary of State
2514857951CC

DOCUMENT# L15000069845

Entity Name: TALLAHASSEE PAIN & WEIGHT LOSS LLC

Current Principal Place of Business:

487 EAST TENNESSEE ST.
SUITE 2
TALLAHASSEE, FL 32301

Current Mailing Address:

487 EAST TENNESSEE ST.
SUITE 2
TALLAHASSEE, FL 32301 US

FEI Number: 47-3777361

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SIANO, JOSEPH C
487 EAST TENNESSEE ST.
SUITE 2
TALLAHASSEE, FL 32301 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	MGR
Name	SIANO, JOSEPH C
Address	487 EAST TENNESSEE ST.
City-State-Zip:	TALLAHASSEE FL 32301--

Title	AMBR
Name	VENCI, MICHAEL
Address	487 EAST TENNESSEE ST. SUITE 2
City-State-Zip:	TALLAHASSEE FL 32301

Title	MGR
Name	VENCI, ROSANNE
Address	487 EAST TENNESSEE ST. SUITE 2
City-State-Zip:	TALLAHASSEE FL 32301

Title	MGR
Name	SPANO, CHRISTOPHER
Address	487 EAST TENNESSEE ST. SUITE 2
City-State-Zip:	TALLAHASSEE FL 32301

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: ROSANNE VENCI MGR 04/01/2024

Electronic Signature of Signing Authorized Person(s) Detail — Date