

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000188345

Entity Name: THERAPLAN LLC

Current Principal Place of Business:

3203 SOUTH CONWAY RD
SUITE 100
ORLANDO, FL 32812

Current Mailing Address:

3203 SOUTH CONWAY RD
SUITE 100
ORLANDO, FL 32812 US

FEI Number: 47-5528080

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EDWARDS, STEPHEN R
3203 SOUTH CONWAY RD
SUITE 100
ORLANDO, FL 32812 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 EDWARDS, STEPHEN R
Address 3203 SOUTH CONWAY RD
SUITE 100
City-State-Zip: ORLANDO FL 32812

Title MANAGER
Name CONLEY, MATTHEW
Address PO BOX 195334
City-State-Zip: WINTER SPRINGS FL 32719

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: MATTHEW CONLEY

MGR

02/21/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date