

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000060215

Entity Name: INVIGORATE WELLNESS MEDICAL LLC

Current Principal Place of Business:

6709 RIDGE RD
SUITE 308
PORT RICHEY, FL 34668

Current Mailing Address:

6709 RIDGE RD
SUITE 308
PORT RICHEY, FL 34668 US

FEI Number: 84-4739125

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KAKAES, SARAFEM
6709 RIDGE RD
SUITE 308
PORT RICHEY, FL 34668 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: SARAFEM KAKAES

02/07/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name KAKAES, SARAFEM
Address 6709 RIDGE RD
SUITE 308
City-State-Zip: PORT RICHEY FL 34668

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: KAKAES , SARAFEM

OWNER

02/07/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date