

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000120344

Entity Name: LOVELEE MEDICAL TRAINING LLC

Current Principal Place of Business:

1897 PALM BEACH LAKES BLVD
SUITE 205
WEST PALM BEACH, FL 33409

Current Mailing Address:

1897 PALM BEACH LAKES BLVD
SUITE 205
WEST PALM BEACH, FL 33409 US

FEI Number: 85-0985882

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHARLES, LYONIE H
1897 PALM BEACH LAKES BLVD
SUITE 205
WEST PALM BEACH, FL 33409 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 CHARLES, LYONIE H
Address 1897 PALM BEACH LAKES BLVD
SUITE 205
City-State-Zip: WEST PALM BEACH FL 33409

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: LYONIE CHARLES

MGR

04/30/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date