

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000139984

Entity Name: SUPPLY CHAIN THERAPY LLC

Current Principal Place of Business:

1111 HOOVER ST.
NOKOMIS, FL 34275

Current Mailing Address:

1111 HOOVER ST.
NOKOMIS, FL 34275 US

FEI Number: 85-1257635

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VOSS, BRADFORD J
1111 HOOVER ST.
NOKOMIS, FL 34275 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 PRESIDENT
Name VOSS, BRADFORD J
Address 1111 HOOVER ST.
City-State-Zip: NOKOMIS FL 34275

Title VP
Name VOSS, CHERYL ANN
Address 1111 HOOVER ST.
City-State-Zip: NOKOMIS FL 34275

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: BRADFORD J VOSS

PRESIDENT

02/03/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date