

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000153712

**Entity Name:** LEUS THERAPUTICS LLC

**Current Principal Place of Business:**

4516 CHEVAL BLVD  
LUTZ, FL 33558

**FILED**  
**Apr 30, 2022**  
**Secretary of State**  
**8463897094CC**

**Current Mailing Address:**

302 S. COLLINS ST.  
BOX 1072  
PLANT CITY, FL 33563 US

**FEI Number:** 85-1397834

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HOGAN, THOMAS  
302 S. COLLINS ST.  
BOX 1072  
PLANT CITY, FL 33563 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	AMBR	Title	AMBR
Name	HOGAN, THOMAS	Name	HOGAN, ANGELA
Address	4516 CHEVAL BLVD	Address	4516 CHEVAL BLVD
City-State-Zip:	LUTZ FL 33558	City-State-Zip:	LUTZ FL 33558

*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:** THOMAS HOGAN

**MANAGER**

**04/30/2022**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date