

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000153712

Entity Name: LEUS THERAPUTICS LLC

Current Principal Place of Business:

4516 CHEVAL BLVD
LUTZ, FL 33558

Current Mailing Address:

50 BAYBERRY AVE
KENNEBUNK, ME 04043 US

FEI Number: 85-1397834

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOGAN, THOMAS
4516 CHEVAL BLVD
LUTZ, FL 33558 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

04/23/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date