

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000277763

Entity Name: TRIFECTA PAIN SOLUTIONS, PLLC

Current Principal Place of Business:

3801 SW 117 AVE #1400
MIAMI, FL 33265

Current Mailing Address:

3801 SW 117 AVE #1400
MIAMI, FL 33265 US

FEI Number: 85-3032742

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CABRERA, TULE ESQ.
3801 SW 117 AVE #1400
MIAMI, FL 33265 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: TULE CABRERA, ESQ.

04/30/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	JOYCE, DAVID M DO	Name	CABRERA, TULE ESQ
Address	3801 SW 117 AVE #1400	Address	3801 SW 117 AVE #1400
City-State-Zip:	MIAMI FL 33265	City-State-Zip:	MIAMI FL 33265

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: TULE CABRERA

MANAGER

04/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date