

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000349580

Entity Name: WHIPLASHMD, LLC

Current Principal Place of Business:

940 CENTRE CIRCLE
SUITE 1018
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

940 CENTRE CIRCLE
SUITE 1018
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 85-3748388

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROLLMAN, LEONARD
940 CENTRE CIRCLE
SUITE 1018
ALTAMONTE SPRINGS, FL 32714 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: LEONARD ROLLMAN

04/30/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name ROLLMAN, LEONARD
Address 940 CENTRE CIRCLE
SUITE 1018
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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: LEONARD A ROLLMAN

AMBR

04/30/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date