

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000292989

**Entity Name:** FORDTHECURE, LLC

**Current Principal Place of Business:**

1100 S. FLAGLER DR.  
APT. 1004  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

1100 S. FLAGLER DR.  
APT. 1004  
WEST PALM BEACH, FL 33401 US

**FEI Number:** 87-1447678

**Certificate of Status Desired:** Yes

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

THRELKELD LAW, P.A.  
3003 TAMiami TRAIL NORTH, SUITE 200  
NAPLES, FL 34103 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	MGR	Title	MGR
Name	BEARD, DEBRA J	Name	FORD, EMILY F
Address	1100 S. FLAGLER DR., APT. 1004	Address	1100 S. FLAGLER DR., APT. 1004
City-State-Zip:	WEST PALM BEACH FL 33401	City-State-Zip:	WEST PALM BEACH FL 33401

*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:** DEBRA BEARD

**MGR**

**04/11/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date