## 2024 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

**FILED** Apr 02, 2024

**Secretary of State** 

5724092761CC

Authorized Person(s) Detail:

Title MGR Title **MGR** 

BEARD, DEBRA J FORD, EMILY F Name Name

1100 S. FLAGLER DR., APT. 1004 Address 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.

**AUTHORIZED MGR** SIGNATURE: DEBRA BEARD Electronic Signature of Signing Authorized Person(s) Detail

04/02/2024

Date