

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000082003

**Entity Name:** IV EXPRESS LLC

**Current Principal Place of Business:**

14572 WHITE JADE TERRACE  
DELRAY BEACH, FL 33446

**Current Mailing Address:**

14572 WHITE JADE TERRACE  
DELRAY BEACH, FL 33446 US

**FEI Number:** 88-0915187

**Certificate of Status Desired:** No

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

DAHL, HARRISON  
14572 WHITE JADE TERRACE  
DELRAY BEACH, FL 33446 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  
Name LOTUS HEALTHCARE GROUP INC  
Address 14572 WHITE JADE TERRACE  
City-State-Zip: DELRAY BEACH FL 33446

Title MGR  
Name DAHL MEDICAL LLC  
Address 499 EVERNIA STREET  
APT 620  
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:** HARRISON DAHL

**OWNER**

**02/21/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date