

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000132563

**Entity Name:** HYP TRAVEL THERAPEUTICS, LLC

**Current Principal Place of Business:**

6115 NW 186TH STREET  
APT 102  
HIALEAH, FL 33015

**Current Mailing Address:**

6115 NW 186TH STREET  
APT 102  
HIALEAH, FL 33015 US

**FEI Number:** 88-1558967

**Certificate of Status Desired:** No

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

POUERIE, HENRY  
6115 NW 186TH STREET  
APT 102  
HIALEAH, FL 33015 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            AMBR  
Name            POUERIE, HENRY  
Address        6115 NW 186TH STREET, SUITE 102  
City-State-Zip: HIALEAH FL 33015

Title            AMBR  
Name            POUERIE, YESENIA  
Address        6115 NW 186TH STREET, SUITE 102  
City-State-Zip: HIALEAH FL 33015

*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:** HENRY POUERIE

03/02/2024

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

\_\_\_\_\_  
Date