2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2024
Secretary of State
9764203089CC

DOCUMENT# L22000181918

Entity Name: HEALTHY WORKPLACE SYSTEMS LLC

Current Principal Place of Business:

16400 US HWY 331S
SUITE B2 #111
FREEPORT, FL 32439

Current Mailing Address:

16400 US HWY 331S
SUITE B2 #111
FREEPORT, FL 32439 US

FEI Number: 88-2694953

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BICKERS, MIKE L
16400 US HWY 331S
SUITE B2 #111
FREEPORT, FL 32439 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	AP
Name	BICKERS, MIKE L	Name	BICKERS, LETA-FERN M
Address	553 WHITFIELD RD	Address	553 WHITFIELD RD
City-State-Zip:	FREEPORT FL 32439	City-State-Zip:	FREEPORT FL 32439

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: MIKE L BICKERS MGR 01/31/2024

Electronic Signature of Signing Authorized Person(s) Detail — Date