

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000216068

**Entity Name:** MY BLOOD WORK, LLC

**Current Principal Place of Business:**

8767 BOYNTON BEACH BLVD.  
BOYNTON BEACH, FL 33472

**Current Mailing Address:**

8767 BOYNTON BEACH BLVD.  
BOYNTON BEACH, FL 33472

**FEI Number:** 88-2463481

**Certificate of Status Desired:** No

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

MINICK, JONATHAN S  
169 E. FLAGLER STREET  
SUITE 1600  
MIAMI, FL 33131 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 SHKOLNIK, IGOR  
Address 8767 BOYNTON BEACH BLVD  
City-State-Zip: BOYNTON BEACH FL 33472

*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:** IGOR SHKOLNIK

PR

04/30/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date