

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000312562

**Entity Name:** LYMPHATIC SOLUTIONS LLC

**Current Principal Place of Business:**

421 NE 1ST ST  
APT 112  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

421 NE 1ST ST  
APT 112  
HALLANDALE BEACH, FL 33009 US

**FEI Number:** 88-3277678

**Certificate of Status Desired:** No

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

ROMANELLI FERREIRA, KATHERINE  
421 NE 1ST ST  
APT 112  
HALLANDALE BEACH, FL 33009 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 ROMANELLI FERREIRA, KATHERINE  
Address 421 NE 1ST ST APT 112  
City-State-Zip: HALLANDALE BEACH FL 33009

*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:** KATHERINE ROMANELLI FERREIRA

MGR

04/20/2025

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

\_\_\_\_\_  
Date