

2024 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: ROMANELLI FERREIRA, KATHERINE

OWNER

04/24/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date