

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000362023

Entity Name: FORD THERAPEUTICS, LLC

Current Principal Place of Business:

405 SE 15TH AVENUE
OCALA, FL 34471

Current Mailing Address:

PO BOX 1482
OCALA, FL 34478 US

FEI Number: 92-0384467

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

JACQUES FORD
405 SE 15TH AVENUE
OCALA, FL 34471 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	MBR	Title	MBR
Name	JACQUES FORD	Name	DANA FORD
Address	405 SE 15TH AVENUE	Address	405 SE 15TH AVENUE
City-State-Zip:	OCALA FL 34471	City-State-Zip:	OCALA FL 34471

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: JACQUES FORD

OWNER

01/24/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date