#### 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000436182

**Entity Name: CURECLINIX,LLC** 

FILED
Jan 04, 2024
Secretary of State
5786022165CC

# **Current Principal Place of Business:**

4420 NE 20TH AVE SUITE J

OAKLAND PARK, FL 33308

# **Current Mailing Address:**

10191 NW 32 ST SUNRISE, FL 33351

FEI Number: 92-0673066 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

RUIZ, LOREEN 4420 NE 20TH AVE SUITE J OAKLAND PARK, FL 33308 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 PRESIDENT
Name RUIZ, LOREEN

Address 4420 NE 20TH AVE SUITE J City-State-Zip: OAKLAND PARK FL 33308

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: LOREEN RUIZ OWNER 01/04/2024