

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000449989

Entity Name: DANICO CLINICAL PROJECT MANAGEMENT SERVICES, LLC

Current Principal Place of Business:

2517 KONA WAY
NAPLES, FL 34120

Current Mailing Address:

2517 KONA WAY
NAPLES, FL 34120 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC.
7901 4TH ST N, STE 300
ST. PETERSBURG, FL 37702 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 AMBR
Name COLEMAN NUZZI, DANIELLE
Address 2517 KONA WAY
City-State-Zip: NAPLES FL 34120

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: DANIELLE COLEMAN NUZZI

**PRESIDENT AND SR.
CONSULTANT**

03/21/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date