

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000351079

Entity Name: THE INJURY LINK LLC

Current Principal Place of Business:

7901 4TH ST N STE 300
ST PETERSBURG, FL 33702

Current Mailing Address:

P.O. BOX 651514
MIAMI, FL 33265 US

FEI Number: 93-2592188

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TOMAS GONZALEZ LAW, P.A.
3730 COCONUT CREEK PKWY STE 120
COCONUT CREEK, FL 33066 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 THE INJURY LINK LLC
Address 30 N GOULD ST STE R
City-State-Zip: SHERIDAN WY 82801

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: TOMAS GONZALEZ

04/17/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date