

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M22000008724

Entity Name: CHAZAK THERAPY LLC

Current Principal Place of Business:

1729 NW ST LUCIE WEST BLVD #1100
PORT SAINT LUCIE, FL 34986

Current Mailing Address:

1729 NW ST LUCIE WEST BLVD #1100
PORT SAINT LUCIE, FL 34986 US

FEI Number: 87-4243958

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

DINGWALL, NIOKA A
1729 NW ST LUCIE WEST BLVD #1100
PORT SAINT LUCIE, FL 34986 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 DINGWALL, NIOKA
Address 1729 NW ST LUCIE WEST BLVD #1100

City-State-Zip: PORT SAINT LUCIE FL 34986

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: NIOKA DINGWALL

MANAGER

03/07/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date