

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000004838

**Entity Name:** NOVO LEASING,LLC

**Current Principal Place of Business:**

919 EAST MAIN STREET STE 2200  
RICHMOND, VA 23219

**Current Mailing Address:**

P.O. BOX 1899  
RICHMOND, VA 23218 US

**FEI Number: 86-1644538**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 NOVO HEALTH SERVICES, LLC  
Address 919 EAST MAIN STREET STE 2200  
City-State-Zip: RICHMOND VA 23219

*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: KATIE LEE GASKINS**

**OPERATIONS DIRECTOR, 01/31/2022  
TUCKAHOE HOLDINGS,  
LLC**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

Date