

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000101708

**Entity Name:** THE INSTITUTE FOR MOLECULAR RESEARCH, LLC

**Current Principal Place of Business:**

4290 S. HWY 27 UNIT 204  
CLEMONT, FL 34711

**Current Mailing Address:**

4290 S. HWY 27 UNIT 204  
CLEMONT, FL 34711

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

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

CPA PARTNERS, LLC  
8200 113TH ST SUITE 103  
SEMINOLE, FL 33772 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            HAWKINS, NATHAN  
Address        4290 S HWY 27  
                  STE. 204  
City-State-Zip: CLERMONT FL 34711

*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:** NATHAN A HAWKINS

CEO

04/03/2023

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

\_\_\_\_\_ Date