

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000353208

Entity Name: SOLEIL THERAPEUTICS, LLC

Current Principal Place of Business:

2100 CASSINO CT
PUNTA GORDA, FL 33950

Current Mailing Address:

1133 BAL HARBOR BLVD
UNIT 1139 PMB 307
PUNTA GORDA, FL 33950 US

FEI Number: 87-2187902

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 MEMBER, AUTHORIZED REPRESENTATIVE
Name SPRINGMAN, ERIC BRUCE
Address 2100 CASSINO CT
City-State-Zip: PUNTA GORDA FL 33950

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: ERIC BRUCE SPRINGMAN

MEMBER

02/26/2023

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date