

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000535360

**Entity Name:** NIEL VEIRUP, DO, LLC

**Current Principal Place of Business:**

2124 NE 5TH AVE  
APT 205  
WILTON MANORS, FL 33305

**Current Mailing Address:**

2124 NE 5TH AVE  
APT 205  
WILTON MANORS, FL 33305 UN

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

VEIRUP, NIEL N  
2124 NE 5TH AVE  
APT 205  
WILTON MANORS, FL 33305 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 AP  
Name VEIRUP, NIEL N  
Address 2124 NE 5TH AVE, APT 205  
City-State-Zip: WILTON MANORS FL 33305

*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:** NIEL VEIRUP

AP

04/22/2024

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

\_\_\_\_\_  
Date