

**2024 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P21000009880

**Entity Name:** LAYELED BEHAVIOR THERAPY SERVICES INC.

**Current Principal Place of Business:**

2110 SW 3 AVE  
1 A  
MIAMI, FL 33129

**FILED**  
**May 20, 2024**  
**Secretary of State**  
**6927858351CC**

**Current Mailing Address:**

2110 SW 3 AVE  
1 A  
MIAMI, FL 33129

**FEI Number: 86-2179487**

**Certificate of Status Desired: No**

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

PAEZ, DARIEN  
2110 SW 3 AVE  
1 A  
MIAMI, FL 33129 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

**Officer/Director Detail :**

Title            P  
Name            PAEZ, DARIEN  
Address        2110 SW 3 AVE  
City-State-Zip: MIAMI FL 33129

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: DARIEN PAEZ**

**P**

**05/20/2024**

\_\_\_\_\_

Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_

Date