

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000076163

**Entity Name:** LSH THERAPY KIDS SOLUTIONS INC

**Current Principal Place of Business:**

3531 SW 4 ST  
MIAMI, FL 33135

**Current Mailing Address:**

3531 SW 4 ST  
MIAMI, FL 33135

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

SUAREZ HERNANDEZ, LEANIZET  
3531 SW 4 ST  
MIAMI, FL 33135 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 SUAREZ HERNANDEZ, LEANIZET  
Address 3531 SW 4 ST  
City-State-Zip: MIAMI FL 33135

*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: LEANIZET SUAREZ HERNANDEZ**

**PRESIDENT**

**02/10/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date