2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2025
Secretary of State
0109837477CC

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Entity Name: THERAPY TIME, LLC

Current Principal Place of Business:

5190 NW 167 ST
SUITE 304
MIAMI GARDENS, FL 33014

Current Mailing Address:

5190 NW 167 ST
SUITE 304
MIAMI GARDENS, FL 33014 US

FEI Number: 27-1205858

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WALKER, LINDA
5190 NW 167 ST
SUITE 304
MIAMI GARDENS, FL 33014 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: LINDA WALKER 01/25/2025

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR	Title	MEMBER
Name	WALKER, LINDA	Name	HILL, ALVIN
Address	1901 NW 190 TERR SUITE 202	Address	5190 NW 167 ST SUITE 202
City-State-Zip:	MIAMI GARDENS FL 33056	City-State-Zip:	MIAMI GARDENS FL 33014

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: ALVIN HILL MANAGER 01/25/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date