

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000103840

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

04/04/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name WALKER, LINDA
Address 1901 NW 190 TERR
SUITE 202
City-State-Zip: MIAMI GARDENS FL 33056

Title MEMBER
Name HILL, ALVIN
Address 5190 NW 167 ST
SUITE 202
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

MEMBER

04/04/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date