

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000052535

Entity Name: THERAFLEX, LLC

Current Principal Place of Business:

614 E HIGHWAY 50
#307
CLERMONT, FL 34711

Current Mailing Address:

614 E HIGHWAY 50
#307
CLERMONT, FL 34711 US

FEI Number: 27-2720317

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VAZ-ANTROBUS, HEATHER
614 E HIGHWAY 50
#307
CLERMONT, FL 34711 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 MGRM
Name VAZ-ANTROBUS, HEATHER
Address 614 E HIGHWAY 50
#307
City-State-Zip: CLERMONT FL 34711

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: HEATHER VAZ-ANTROBUS

MANAGER

05/01/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date