

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000056971

Entity Name: THERALINKS RELATED SERVICES, LLC

Current Principal Place of Business:

11 HICKORY WAY
WINTER HAVEN, FL 33881-9204

Current Mailing Address:

11 HICKORY WAY
WINTER HAVEN, FL 33881-9204 US

FEI Number: 45-2496000

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SANDERS, JASON
11 HICKORY WAY
WINTER HAVEN, FL 33881 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	Title	MGRM
Name	SANDERS, JASON	Name	SANDERS, SAMUEL G
Address	11 HICKORY WAY	Address	6780 WINTERSET GARDENS RD.
City-State-Zip:	WINTER HAVEN FL 33881	City-State-Zip:	WINTER HAVEN FL 33884

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: JASON SANDERS

MANAGER

04/11/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date