

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000159843

FILED
Apr 22, 2015
Secretary of State
CC1805824964

Entity Name: GABLES THERAPY INVESTMENT LLC

Current Principal Place of Business:

9375 SW 60 AVENUE
MIAMI, FL 33156

Current Mailing Address:

9375 SW 60 AVENUE
MIAMI, FL 33156 US

FEI Number: 90-0928995

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GOMEZ, LOURDES M
8500 PONCE DE LEON ROAD
MIAMI, FL 33143 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 BUSSE, JORGE
Address 9375 SOUTHWEST 60 AVENUE
City-State-Zip: MIAMI FL 33156

Title MGRM
Name BUSSE, ANA
Address 9375 SW 60 AVENUE
City-State-Zip: MIAMI FL 33156

Title MGRM
Name MOLLER, LOURDES
Address 8500 PONCE DE LEON RD
City-State-Zip: MIAMI FL 33143

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: JORGE BUSSE

MGRM

04/22/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date