

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000159843

**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

01/30/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date