

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000036765

**Entity Name:** THERAPY FOR U, LLC

**Current Principal Place of Business:**

17151 NW 87 CT  
HIALEAH, FL 33018

**Current Mailing Address:**

17151 NW 87 CT  
HIALEAH, FL 33018 US

**FEI Number:** 46-5022177

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GUERRA, LILA M  
17151 NW 87 CT  
HIALEAH, FL 33018 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:** LILA M GUERRA

03/15/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name GUERRA, LILA M  
Address 16400 SW 137 AVE  
APT # 332  
City-State-Zip: MIAMI FL 33177

Title MGR  
Name NUNEZ, SANDRA E  
Address 9460 FONTAINEBLEAU BLV APT 532  
City-State-Zip: MIAMI FL 33172

Title MGR  
Name RUEDA, LILIANA P  
Address 17151 NW 87 CT  
City-State-Zip: HIALEAH FL 33018

*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:** LILA M GUERRA

MGR

03/15/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date