

2019 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: Yes

Name and Address of Current Registered Agent:

RUEDA, LILIANA PATRICIA
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: LILIANA PATRICIA RUEDA

03/10/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

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: LILIANA PATRICIA RUEDA

MGR

03/10/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date