

**2023 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:**

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

03/06/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	NUNEZ, SANDRA E	Name	RUEDA, LILIANA P
Address	16372 SW 44TH WAY	Address	17151 NW 87 CT
City-State-Zip:	MIAMI FL 33185	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:** NUNEZ, SANDRA

MGR

03/06/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date