

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000159367

**Entity Name:** THERAPEUTIC CONNECTIONS LLC.

**Current Principal Place of Business:**

2078 US HWY 98 W  
SUITE 105  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

123 CHAPMAN STREET  
SANTA ROSA BEACH , FL 32459 US

**FEI Number:** 47-2048774

**Certificate of Status Desired:** Yes

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

DIMARCO AND ASSOCIATES, CPAS  
220 PINE AVENUE NORTH  
OLDSMAR, FL 34677 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:** ROBERT DIMARCO

01/22/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           GARNER-HOUSTON, CAROL  
Address        123 CHAPMAN STREET  
City-State-Zip: SANTA ROSA BEACH FL 32459

*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:** CAROL GARNER-HOUSTON

OWNER MANAGER

01/22/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date