

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000009100

Entity Name: SENIOR THERAPY, LLC

Current Principal Place of Business:

15574 MARCELLO CIRCLE
NAPLES, FL 34110

Current Mailing Address:

15574 MARCELLO CIRCLE
NAPLES, FL 34110 US

FEI Number: 47-2857967

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CROSS, BRIAN O
C/O 8950 FONTANA DEL SOL WAY
SUITE 100
NAPLES, FL 34109 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 MGR
Name REPICE, MANDY
Address 15574 MARCELLO CIRCLE
City-State-Zip: NAPLES FL 34110

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: MANDY REPICE

MGR

01/20/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date