

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000113415

**Entity Name:** ABSOLUTE THERAPY, LLC

**Current Principal Place of Business:**

914 N. FERDON BLVD  
SUITE 2  
CRESTVIEW, FL 32536

**Current Mailing Address:**

3369 CITRINE CIRCLE  
CRESTVIEW, FL 32539 US

**FEI Number:** 47-4468725

**Certificate of Status Desired:** No

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

TORRES, DEBRA  
914 N. FERDON BLVD  
SUITE 2  
CRESTVIEW, FL 32536 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:** DEBRA M TORRES

02/20/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name TORRES, DEBRA  
Address 3369 CITRINE CIRCLE  
City-State-Zip: CRESTVIEW FL 32539

Title MANAGER  
Name TORRES, HERIBERTO  
Address 3369 CITRINE CIRCLE  
City-State-Zip: CRESTVIEW FL 32539

Title AMBR  
Name TORRES, HERIBERTO  
Address 3369 CITRINE CIRCLE  
City-State-Zip: CRESTVIEW FL 32539

*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:** DEBRA M TORRES

OWNER

02/20/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date