

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000113415

Entity Name: ABSOLUTE THERAPY, LLC

Current Principal Place of Business:

930 N. FERDON BLVD
CRESTVIEW, FL 32536

Current Mailing Address:

930 N. FERDON BLVD
CRESTVIEW, FL 32536 US

FEI Number: 47-4468725

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TORRES, DEBRA
930 N. FERDON BLVD
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

02/23/2024

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

02/23/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date