

**2018 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:** Yes

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

TORRES, DEBRA  
3369 CITRINE CIRCLE  
CRESTVIEW, FL 32539 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

03/19/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM	Title	MANAGER
Name	TORRES, DEBRA	Name	TORRES, HERIBERTO
Address	3369 CITRINE CIRCLE	Address	3369 CITRINE CIRCLE
City-State-Zip:	CRESTVIEW FL 32539	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/DIRECTOR**

03/19/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date