

2024 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L16000025021

Entity Name: PROFESSIONAL SOUTH THERAPY LLC

Current Principal Place of Business:

4710 SW 104 AVE
MIAMI, FL 33165

Current Mailing Address:

4710 SW 104 AVE
MIAMI, FL 33165 US

FEI Number: 81-1536310

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EXPOSITO, ADRIAN
4710 SW 104 AVE
MIAMI, FL 33165 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: ADRIAN EXPOSITO

10/09/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	EXPOSITO, ADRIAN	Name	DIAZ, YELIESETH
Address	4710 SW 104 AVE	Address	4710 SW 104 AVE
City-State-Zip:	MIAMI FL 33165	City-State-Zip:	MIAMI FL 33165

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: ADRIAN EXPOSITO

MGR

10/09/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date