

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000225423

**Entity Name:** CHILDREN'S PREMIER THERAPY LLC

**Current Principal Place of Business:**

13161 SW 23RD ST.  
MIAMI, FL 33175

**Current Mailing Address:**

13161 SW 23RD ST.  
MIAMI, FL 33175 US

**FEI Number:** 81-4744263

**Certificate of Status Desired:** No

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

GONZALEZ, NICOLE  
13161 SW 23RD STREET  
MIAMI, FL 33175 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:** NICOLE GONZALEZ

03/06/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name GONZALEZ, NICOLE  
Address 10689 NORTH KENDALL DRIVE, SUITE  
307  
City-State-Zip: MIAMI 33176

Title AMBR  
Name GONZALEZ, NICOLE  
Address 10689 NORTH KENDALL DRIVE, SUITE  
307  
City-State-Zip: MIAMI 33176

*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:** NICOLE GONZALEZ

MGR

03/06/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date