

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000012801

Entity Name: JL PROFESSIONAL THERAPY LLC

Current Principal Place of Business:

849 W 37TH ST
HIALEAH, FL 33012

Current Mailing Address:

849 W 37TH ST
HIALEAH, FL 33012 US

FEI Number: 81-5074160

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LLOP, JESSE
849 W 37TH ST
HIALEAH, FL 33012 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name LLOP, JESSE
Address 849 W 37TH ST
City-State-Zip: HIALEAH FL 33012

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: JESSE LLOP

MGR

03/16/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date