

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000120668

**Entity Name:** UNIQUE THERAPY SERVICES LLC

**Current Principal Place of Business:**

5924 SW 4TH ST  
MIAMI, FL 33144

**Current Mailing Address:**

5924 SW 4TH ST  
MIAMI, FL 33144

**FEI Number: 82-1913440**

**Certificate of Status Desired:** No

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

SUNLIFE INSURANCE LLC  
7371 SW 8TH ST  
MIAMI, FL 33144 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 GARCIA, JACQUELINE  
Address 5924 SW 4TH ST  
City-State-Zip: MIAMI FL 33144

*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: JACQUELINE GARCIA**

**MANAGER**

**02/12/2024**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date