

**2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L17000139522

**Entity Name:** BEST THERAPY 4 ME, PLLC

**Current Principal Place of Business:**

1550 MADRUGA AVENUE  
SUITE 410  
CORAL GABLES, FL 33146

**Current Mailing Address:**

1550 MADRUGA AVENUE  
SUITE 410  
CORAL GABLES, FL 33146 US

**FEI Number:** 30-0510598

**Certificate of Status Desired:** Yes

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

FILE FLORIDA CO.  
7000 W. PALMETTO PARK RD.  
SUITE 210  
BOCA RATON, FL 33433 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:** DAVID FELD

10/03/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name KRYWINSKI, STEVEN  
Address 1550 MADRUGA AVENUE, SUITE 410  
City-State-Zip: CORAL GABLES FL 33146

*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:** KRYWINSKI, STEVEN

OWNER/ SUPERVISOR

10/03/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date