

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000170115

**Entity Name:** THERAPEACE, PLLC

**Current Principal Place of Business:**

130 TORREY PINES PT.  
NAPLES, FL 34113

**Current Mailing Address:**

130 TORREY PINES PT.  
NAPLES, FL 34113 US

**FEI Number: 82-2449282**

**Certificate of Status Desired: No**

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

MALDONADO, KAREN I  
130 TORREY PINES PT.  
NAPLES, FL 34113 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: KAREN I. MALDONADO**

**05/20/2022**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            AMBR  
Name            MALDONADO, KAREN I  
Address        130 TORREY PINES PT.  
City-State-Zip: NAPLES FL 34113

*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: KAREN I. MALDONADO**

**OWNER**

**05/20/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date