

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000253998

**Entity Name:** MOSAIC THERAPY LLC

**Current Principal Place of Business:**

384 WOODS EDGE CIRCLE  
UNIT 104  
BONITA SPRINGS, FL 34134

**Current Mailing Address:**

384 WOODS EDGE CIRCLE  
UNIT 104  
BONITA SPRINGS, FL 34134 US

**FEI Number:** 82-3677658

**Certificate of Status Desired:** No

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

ROSEN, JESSICA  
16217 CAMDEN LAKES CIRCLE  
NAPLES, FL 34110 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 ROSEN, JESSICA  
Address 3384 WOODS EDGE CIRCLE, UNIT 104  
City-State-Zip: BONITA SPRINGS FL 34134

*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:** JESSICA ROSEN

**OWNER**

**03/17/2021**

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

\_\_\_\_\_  
Date