

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000253998

**Entity Name:** MOSAIC THERAPY LLC

**Current Principal Place of Business:**

14700 TAMI AMI TR N  
UNIT 1  
NAPLES, FL 34110

**Current Mailing Address:**

14700 TAMIAMI TRAIL N  
UNIT 1  
NAPLES, FL 34110 US

**FEI Number:** 82-3677658

**Certificate of Status Desired:** No

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

ROSEN, JESSICA  
16217 CAMDEN LAKES CIRLCE  
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:** JESSICA ROSEN

01/21/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                               |                 |                               |
|-----------------|-------------------------------|-----------------|-------------------------------|
| Title           | MGR                           | Title           | CO-OWNER                      |
| Name            | ROSEN, JESSICA MGR            | Name            | FABIANA, KIVILEVIC CO-OWNER   |
| Address         | 14700 TAMI AMI TR N<br>UNIT 1 | Address         | 14700 TAMI AMI TR N<br>UNIT 1 |
| City-State-Zip: | NAPLES FL 34110               | City-State-Zip: | NAPLES FL 34110               |

*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

**MANAGER**

01/21/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date