

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000026784

Entity Name: MONICA PEREZ THERAPY, LLC

Current Principal Place of Business:

7705 NW 116 AVENUE
DORAL, FL 33178

Current Mailing Address:

7705 NW 116 AVENUE
DORAL, FL 33178 US

FEI Number: 82-4291300

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PEREZ, MONICA
7705 NW 116 AVENUE
DORAL, FL 33178 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: MONICA PEREZ

03/11/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name PEREZ, MONICA
Address 7705 NW 116 AVENUE
City-State-Zip: DORAL FL 33178

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: MONICA PEREZ

MGR

03/11/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date