

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000038290

**Entity Name:** AMERIEL THERAPY SERVICES, LLC

**Current Principal Place of Business:**

1761 NW 82ND AVE  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

1761 NW 82ND AVE  
PEMBROKE PINES, FL 33024 US

**FEI Number: 82-4408322**

**Certificate of Status Desired:** No

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

GOMEZ GONZALEZ, AMELIA  
1761 NW 82ND AVE  
PEMBROKE PINES, FL 33024 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	MGRM	Title	REGISTRED BEHAVIOR TECHNICIAN
Name	GOMEZ GONZALEZ, AMELIA	Name	MENA RODRIGUEZ, ARIEL SR.
Address	1761 NW 82ND AVE	Address	1761 NW 82ND AVE
City-State-Zip:	PEMBROKE PINES FL 33024	City-State-Zip:	PEMBROKE PINES FL 33024

*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:** AMELIA GOMEZ GONZALEZ

MRS

01/24/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date