

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000038290

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

**Current Principal Place of Business:**

238 SE PARK STREET APT 3  
DANIA, FL 33004

**Current Mailing Address:**

238 SE PARK STREET  
APT 3  
DANIA, FL 33004 US

**FEI Number:** 82-4408322

**Certificate of Status Desired:** No

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

GOMEZ GONZALEZ, AMELIA  
238 SE PARK STREET APT 3  
DANIA, FL 33004 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  
Name GOMEZ GONZALEZ, AMELIA  
Address 238 SE PARK STREET APT 3  
City-State-Zip: DANIA FL 33004

Title REGISTRED BEHAVIOR TECHNICIAN  
Name MENA RODRIGUEZ, ARIEL SR.  
Address 238 SE PARK STREET APT 3  
City-State-Zip: DANIA FL 33004

*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

01/13/2020

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

\_\_\_\_\_ Date