

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000139664

**Entity Name:** AVANT-GARDE THERAPY LLC

**Current Principal Place of Business:**

4801 SOUTH UNIVERSITY DR  
SUITE 225  
DAVIE, FL 33328

**Current Mailing Address:**

4801 SOUTH UNIVERSITY DR  
SUITE 225  
DAVIE, FL 33328 US

**FEI Number:** 83-1105810

**Certificate of Status Desired:** No

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

CAMPOS, FERNANDO  
6944 SW 39TH ST.  
304  
DAVIE, FL 33314 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 CAMPOS, FERNANDO  
Address 6944 SW 39TH ST APT 304  
City-State-Zip: DAVIE FL 33314

*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:** FERNANDO CAMPOS

MR.

02/01/2021

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

\_\_\_\_\_  
Date