

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000147963

Entity Name: ALLEGIANCE RESILIENCY THERAPY L.L.C.

Current Principal Place of Business:

550 N MAIN STREET
CRESTVIEW, FL 32536

Current Mailing Address:

342 ROBERTS ROAD EAST
DEFUNIAK SPRINGS , FL 32433 US

FEI Number: 83-0938552

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
476 RIVERSIDE AVE.
JACKSONVILLE, FL 32202 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 OWNER/ OPERATOR
Name CROSS, PATRICA SMITH
Address 550 N MAIN STREET
City-State-Zip: CRESTVIEW FL 32536

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: PATRICA CROSS

OWNER

03/23/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date