

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000187769

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

**Current Principal Place of Business:**

2870 W 74 PL  
HIALEAH, FL 33018

**Current Mailing Address:**

2870 W 74 PL  
HIALEAH, FL 33018 US

**FEI Number: 83-1862098**

**Certificate of Status Desired:** No

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

GAMEZ DIAZ, MARLEN  
2870 W 74 PL  
HIALEAH, FL 33018 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 GAMEZ DIAZ, MARLEN  
Address 2870 W 74 PL  
City-State-Zip: HIALEAH FL 33018

*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: MARLEN GAMEZ DIAZ**

**MGR**

**04/18/2019**

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

\_\_\_\_\_  
Date