

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000221862

**Entity Name:** INTERNATIONAL CENTER FOR INTEGRATIVE THERAPIES LLC

**FILED**  
**Apr 20, 2024**  
**Secretary of State**  
**5914344307CC**

**Current Principal Place of Business:**

820 WESLEY CIR  
APT #212  
APOPKA, FL 32703

**Current Mailing Address:**

820 WESLEY CIRCLE  
APT#212  
APOPKA, FL 32703 US

**FEI Number: 47-3716784**

**Certificate of Status Desired: No**

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

FILO, FRANKLIN  
820 WESLEY CIR  
APT #212  
APOPKA, FL 32703 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           MANAGER  
Name           FILO, FRANKLIN A  
Address       820 WESLEY CIR APT 212  
                  APT#212  
City-State-Zip: APOPKA FL 32703

Title           PRESIDENT  
Name           RIVERA, YAMIL  
Address       820 WESLEY CIR  
                  APT#212  
City-State-Zip: APOPKA FL 32703

Title           SECRETARY  
Name           FILO, GISELLE  
Address       820 WESLEY CIR  
                  APT #212  
City-State-Zip: APOPKA FL 32703

*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: YAMIL RIVERA BAEZ**

**PRESIDENT**

**04/20/2024**

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

\_\_\_\_\_  
Date