

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000221862

Entity Name: INTERNATIONAL CENTER FOR INTEGRATIVE THERAPIES LLC

Current Principal Place of Business:

820 WESLEY CIR
APT #212
APOPKA, FL 32703

FILED
Apr 09, 2023
Secretary of State
7761367086CC

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

Title VP
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

VP

04/09/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date