

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000221862

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

**FILED**  
**Jun 30, 2020**  
**Secretary of State**  
**3230654315CC**

**Current Principal Place of Business:**

11602 LAKE UNDERHILL RD  
115-116  
ORLANDO, FL 32825

**Current Mailing Address:**

820 WESLEY CIRCLE  
APT#202  
APOPKA, FL 32703 US

**FEI Number: 47-3716784**

**Certificate of Status Desired: Yes**

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

FILO, FRANKLIN  
11602 LAKE UNDERHILL RD  
115-116  
ORLANDO, FL 32825 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  
Address        11602 LAKE UNDERHILL RD SUITE  
                  115-116  
City-State-Zip: ORLANDO FL 32825

Title           AR  
Name           RIVERA, JESSICA  
Address        11602 LAKE UNDERHILL RD SUITE  
                  115-116  
City-State-Zip: ORLANDO FL 32825

*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: FRANKLIN FILO**

**MGR**

**06/30/2020**

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

\_\_\_\_\_  
Date