

2019 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L18000252721

Entity Name: VENTURA THERAPY LLC

Current Principal Place of Business:

6145 W 12 AVE
HIALEAH, FL 33012

Current Mailing Address:

6145 W 12 AVE
HIALEAH, FL 33012

FEI Number: 83-2403169

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GARCIA, VENTURA
6145 W 12 AVE
HIALEAH, FL 33012 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: VENTURA GARCIA

12/24/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name GARCIA, VENTURA
Address 6145 W 12 AVE
City-State-Zip: HIALEAH FL 33012

Title AMBR
Name POVIONES, LEIDIS
Address 6145 W 12 AVE
City-State-Zip: HIALEAH FL 33012

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: VENTURA GARCIA

AMBR

12/24/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date