

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000260927

**Entity Name:** SOUL THERAPY LLC

**Current Principal Place of Business:**

1 N OCEAN BLVD  
APT 504  
POMPANO BCH, FL 33062

**Current Mailing Address:**

1 N OCEAN BLVD  
APT 504  
POMPANO BCH, FL 33062 US

**FEI Number:** 83-2707670

**Certificate of Status Desired:** No

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

OPTION ONE ACCOUNTING INC  
6810 N STATE RD 7  
COCONUT CREEK, FL 33073 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:** EMANUELLE A OLIVEIRA

05/01/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name DA SILVA, POLIANA A  
Address 1 N OCEAN BLVD  
APT 504  
City-State-Zip: POMPANO BCH FL 33062

*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:** DA SILVA , POLIANA A

AMBR

05/01/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date