

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000272943

Entity Name: TRUE THERAPY LLC

Current Principal Place of Business:

4158 NW 90TH AVE
STE 205
CORAL SPRINGS, FL 33065

Current Mailing Address:

4158 NW 90TH AVE
STE 205
CORAL SPRINGS, FL 33065 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MIAMI TAX AND ACCOUNTING MANAGEMENT SERVIC
18901 SW 106 AVE
STE A 103
MIAMI, FL 33157 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 SATTARI, ALI
Address 4158 NW 90TH AVE STE 205
City-State-Zip: CORAL SPRING FL 33065

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: ALI SATTARI

MGR

04/30/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date