## 2022 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L19000054019

Entity Name: DRIVE-BY THERAPY, LLC

**Current Principal Place of Business:** 

16762 SW 12TH ST

PEMBROKE PINES. FL 33027

**Current Mailing Address:** 

16762 SW 12TH ST.

PEMBROKE PINES. FL 33027 US

FEI Number: 84-5123815 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RUSSELL, LATASHA N 16762 SW 12TH ST. PEMBROKE PINES, FL 33027 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: LATASHA RUSSELL 05/06/2022

Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title MGR

Name RUSSELL, LATASHA Address 16762 SW 12TH ST.

City-State-Zip: PEMBROKE PINES FL 33027

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: LATASHA RUSSELL FOUNDER

Electronic Signature of Signing Authorized Person(s) Detail

FILED May 06, 2022

**Secretary of State** 

2933790038CR

Date

05/06/2022 Date