

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000066079

**Entity Name:** NEW ROSE THERAPY LLC

**Current Principal Place of Business:**

2523 HERSCHEL STREET  
JACKSONVILLE, FL 32204

**Current Mailing Address:**

5155 ROLLINS AVE  
JACKSONVILLE, FL 32207 US

**FEI Number:** 83-4044704

**Certificate of Status Desired:** Yes

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

BALTIERO, TIFFANY  
5155 ROLLINS AVENUE  
JACKSONVILLE, FL 32207 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 BALTIERO, TIFFANY R  
Address 5155 ROLLINS AVE  
City-State-Zip: JACKSONVILLE FL 32207

*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:** TIFFANY BALTIERO

**OWNER**

**07/29/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date