

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000075003

Entity Name: CALEB THERAPY, PLLC

Current Principal Place of Business:

3119 PHOENIX AVE
OLDSMAR, FL 34677

Current Mailing Address:

3119 PHOENIX AVE
OLDSMAR, FL 34677

FEI Number: 83-4630947

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CALEB, KELLY L
3119 PHOENIX AVE
OLDSMAR, FL 34677 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 CEO
Name CALEB, KELLY
Address 3119 PHOENIX AVE
City-State-Zip: OLDSMAR FL 34677

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: KELLY CALEB

CEO

06/14/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date