

**2024 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:** 83-4360947

**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

04/08/2024

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date