

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000275438

Entity Name: ASPI THERAPY TAMPA, LLC

Current Principal Place of Business:

5850 W. CYPRESS ST.,
#B
TAMPA, FL 33607

Current Mailing Address:

5850 W. CYPRESS ST.,
#B
TAMPA, FL 33607 US

FEI Number: 84-3724755

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GRIMAUDO, NICHOLAS ESQ.
911 CHESTNUT STREET
CLEARWATER, FL 33756 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: NICHOLAS GRIMAUDO

04/21/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	LOWERY, RYAN P	Name	WILSON, JACOB M
Address	4424 WALTHAM AVE.	Address	4110 WEST SEVILLA STREET
City-State-Zip:	TAMPA FL 33634	City-State-Zip:	TAMPA FL 33629

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: RYAN LOWERY

MANAGER

04/21/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date