

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000007379

Entity Name: GONZALEZNM THERAPY, LLC

Current Principal Place of Business:

2532 NW 11 ST
MIAMI, FL 33125

Current Mailing Address:

2532 NW 11 ST
MIAMI, FL 33125

FEI Number: 84-4316432

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARTINEZ, NERVYS
2532 NW 11 ST
MIAMI, FL 33125 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	P	Title	ASST. SECRETARY
Name	MARTINEZ, NERVYS	Name	GARCIGA, SERGIO C
Address	2532 NW 11 ST	Address	6698 SW 30 ST
City-State-Zip:	MIAMI FL 33125	City-State-Zip:	MIAMI FL 33155

Title AUTHORIZED MEMBER
Name HERNADEZ, YAYLIN
Address 6698 SW 30 ST
City-State-Zip: MIAMI FL 33155

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: NERVYS MARTINEZ

MANAGER

03/01/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date