

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000105049

Entity Name: GRANT BEHAVIORAL THERAPY LLC

Current Principal Place of Business:

2203 SE 9TH TER
CAPE CORAL, FL 33990

Current Mailing Address:

PO BOX 151956
CAPE CORAL, FL 33915 US

FEI Number: 85-0741814

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GRANT, KELLY M
2203 SE 9TH TER
CAPE CORAL, FL 33990 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 GRANT, KELLY M
Address PO BOX 151956
City-State-Zip: CAPE CORAL FL 33915

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 GRANT

CEO

04/09/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date