

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000124934

**Entity Name:** BEHAVIOR EVOLUTION THERAPY, LLC

**Current Principal Place of Business:**

5280 NW 7TH ST  
APT 201  
MIAMI, FL 33126

**Current Mailing Address:**

5280 NW 7TH ST  
APT 201  
MIAMI, FL 33126 US

**FEI Number:** 85-1056151

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DELGADO, SHEILA  
5280 NW 7TH ST  
APT 201  
MIAMI, FL 33126 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           MANAGER  
Name           DELGADO, SHEILA  
Address       5280 NW 7TH ST  
                  APT 201  
City-State-Zip: MIAMI FL 33126

*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:** SHEILA DELGADO

**MANAGER**

**04/14/2021**

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

\_\_\_\_\_  
Date