

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000128576

Entity Name: LH THERAPY SERVICES LLC

Current Principal Place of Business:

17350 NW 52 PL
MIAMI GARDENS, FL 33055

Current Mailing Address:

17350 NW 52 PL
MIAMI GARDENS, FL 33055 US

FEI Number: 85-1012650

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HERNANDEZ SOLER, LILIE
17350 NW 52 PL
MIAMI GARDENS, FL 33055 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 MGR
Name HERNANDEZ SOLER, LILIE
Address 17350 NW 52 PL
City-State-Zip: MIAMI GARDENS FL 33055

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: LILIE HERNANDEZ SOLER

MGR

03/30/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date