

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000142627

**Entity Name:** SEAHORSE BEHAVIOR THERAPY LLC

**Current Principal Place of Business:**

889 NW 208TH WAY  
PEMPROKE PINES, FL 33029

**Current Mailing Address:**

889 NW 208TH WAY  
PEMPROKE PINES, FL 33029

**FEI Number:** 85-1170055

**Certificate of Status Desired:** No

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

ALVAREZ MARTINEZ, JUANA I  
889 NW 208TH WAY  
PEMPROKE PINES, FL 33029 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 ALVAREZ MARTINEZ, JUANA I  
Address 889 NW 208TH WAY  
City-State-Zip: PEMPROKE PINES FL 33029

*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:** JUANA I ALVAREZ MARTINEZ

MANG

03/23/2023

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

\_\_\_\_\_ Date