

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000344642

**Entity Name:** AAD THERAPY SERVICES LLC

**Current Principal Place of Business:**

1500 SW 124PL  
MIAMI, FL 33184

**Current Mailing Address:**

1500 SW 124PL  
MIAMI, FL 33184 US

**FEI Number:** 85-4053773

**Certificate of Status Desired:** No

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

MARTINEZ GONZALEZ, DANNY  
1500 SW 124PL  
MIAMI, FL 33184 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  
Name MARTINEZ GONZALEZ, DANNY  
Address 1500 SW 124TH PL  
City-State-Zip: MIAMI FL 33184

*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:** DANNY MARTINEZ GONZALEZ

**PRESIDENT**

**03/20/2023**

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

\_\_\_\_\_  
Date