

2024 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

P

03/15/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date