## 2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000347141

**Entity Name: INTENTIONS THERAPY LLC** 

**Current Principal Place of Business:** 

6586 W ATLANTIC AVE

#1136

DELRAY BEACH, FL 33446

**Current Mailing Address:** 

6586 W ATLANTIC AVE

#1136

DELRAY BEACH, FL 33446 US

FEI Number: 85-3716242 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SULLIVAN, DANI MSW 1845 PALM COVE BLVD

DELRAY BEACH, FL 33445 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

**FILED** Apr 22, 2022

**Secretary of State** 

0700296066CC

## Authorized Person(s) Detail:

MANAGER Title

SULLIVAN, DANI E Name

1845 PALM COVE BLVD Address

City-State-Zip: BOCA RATON FL 33445

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: DANI SULLIVAN, MSW

Electronic Signature of Signing Authorized Person(s) Detail

CEO, OWNER

04/22/2022

Date