

2025 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 LCSW
2499 COCOANUT RD
BOCA RATON, 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: DANI SULLIVAN

04/14/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name SULLIVAN, DANI E
Address 2499 COCOANUT RD
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

OWNER

04/14/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date