

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000355976

**Entity Name:** THERALOGY, LLC

**Current Principal Place of Business:**

1015 ATLANTIC BLVD  
SUITE 161  
ATLANTIC BEACH, FL 32233

**Current Mailing Address:**

1015 ATLANTIC BLVD  
SUITE 161  
ATLANTIC BEACH, FL 32233 US

**FEI Number:** 85-3837974

**Certificate of Status Desired:** No

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

ELLIS, BRIAN A  
1015 ATLANTIC BLVD  
SUITE 161  
ATLANTIC BEACH, FL 32233 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 ELLIS, CHRISITNE C  
Address 1015 ATLANTIC BLVD #161  
City-State-Zip: ATLANTIC BEACH FL 32233

Title MGR  
Name ELLIS, BRIAN A  
Address 1015 ATLANTIC BLVD #161  
City-State-Zip: ATLANTIC BEACH FL 32233

*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:** BRIAN A. ELLIS

**MANAGER**

**01/29/2023**

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

\_\_\_\_\_  
Date