

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000373883

Entity Name: REFRAMED THERAPY, LLC

Current Principal Place of Business:

13001 FOUNDERS SQUARE DR.
SUITE 200
ORLANDO, FL 32828

Current Mailing Address:

13001 FOUNDERS SQUARE DR.
SUITE 200
ORLANDO, FL 32828 US

FEI Number: 85-4112987

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FORAN, DANIELLE
14216 CHEVAL DANFORTH CT. APT. 108
ORLANDO, FL 32828 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 AMBR
Name FORAN, DANIELLE
Address 13001 FOUNDERS SQUARE DR.
 SUITE 200
City-State-Zip: ORLANDO FL 32828

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: DANIELLE FORAN

AMBR

02/01/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date