

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000033140

**Entity Name:** THERAPEUTIC TREEHOUSE, LLC

**Current Principal Place of Business:**

15217 SOUTH TRANQUILITY LAKE DRIVE  
DELRAY BEACH, FL 33446

**Current Mailing Address:**

15217 SOUTH TRANQUILITY LAKE DRIVE  
DELRAY BEACH, FL 33446 US

**FEI Number: 86-1943563**

**Certificate of Status Desired: No**

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

FAMULARO, AMANDA  
15217 SOUTH TRANQUILITY LAKE DRIVE  
DELRAY BEACH, FL 33446 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	Title	MGR
Name	FAMULARO, AMANDA	Name	TAYLOR, STEPHANIE
Address	15217 SOUTH TRANQUILITY LAKE DRIVE	Address	6176 NW 20TH COURT
City-State-Zip:	DELRAY BEACH FL 33446	City-State-Zip:	MARGATE FL 33063

*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: AMANDA FAMULARO**

**REGISTERED AGENT**

**01/07/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date