

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000057391

Entity Name: ALLISON THERAPY LLC

Current Principal Place of Business:

1770 W 60 ST
APT 2
HIALEAH, FL 33012

Current Mailing Address:

1770 W 60 ST
APT 2
HIALEAH, FL 33012 US

FEI Number: 86-2216844

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HERNANDEZ, NANCY
1770 W 60 ST
APT 2
HIALEAH, FL 33012 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 HERNANDEZ, NANCY
Address 1770 W 60 ST
APT 2
City-State-Zip: HIALEAH FL 33012

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: NANCY HERNANDEZ

AMBR

03/09/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date