

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000086368

Entity Name: THERAPEACE COUNSELING LLC

Current Principal Place of Business:

3725 W FLAGLER ST
SUITE 122
MIAMI, FL 33134

Current Mailing Address:

3725 W FLAGLER ST
SUITE 122
MIAMI, FL 33134 US

FEI Number: 86-1618910

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DA HORA, JACQUELIN
3725 W FLAGLER ST
SUITE 122
MIAMI, FL 33134 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 HORA, JACQUELIN D
Address 3725 W FLAGLER ST
SUITE 122
City-State-Zip: MIAMI FL 33134

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: JACQUELIN DAHORA

MGR

01/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date