

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000106303

Entity Name: THERAPHYZ LLC

Current Principal Place of Business:

15372 SW 51ST MANOR
DAVIE, FL 33331

Current Mailing Address:

15372 SW 51ST MANOR
DAVIE, FL 33331 US

FEI Number: 86-2784541

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VERGARA, BERT
13711 SW 29TH ST
DAVIE, FL 33330 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 VERGARA, MICHELLE
Address 15372 SW 51ST MANOR
City-State-Zip: DAVIE FL 33331

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: MICHELLE VERGARA

MANAGER

04/07/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date