

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000119018

Entity Name: FLORES THERAPY SERVICES LLC

Current Principal Place of Business:

7520 INDIGO ST
MIRAMAR, FL 33023

Current Mailing Address:

7520 INDIGO ST
MIRAMAR, FL 33023 US

FEI Number: 86-2583273

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PARDO FLORES, ADELIA
7520 INDIGO ST
MIRAMAR, FL 33023 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 PARDO FLORES, ADELIA
Address 7520 INDIGO ST
City-State-Zip: MIRAMAR FL 33023

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: ADELIA PARDO FLORES

MANAGER

02/08/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date