

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000119018

**Entity Name:** FLORES THERAPY SERVICES LLC

**Current Principal Place of Business:**

881 SE 4TH PL  
HIALEAH, FL 33010

**Current Mailing Address:**

881 SE 4TH PL  
HIALEAH, FL 33010 US

**FEI Number:** 86-2583273

**Certificate of Status Desired:** No

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

PARDO FLORES, ADELIA  
881 SE 4TH PL  
HIALEAH, FL 33010 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 881 SE 4TH PL  
City-State-Zip: HIALEAH FL 33010

*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:** PARDO FLORES, ADELIA

MGR

02/02/2024

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date