

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000135866

Entity Name: THERAPY WITH ALICIA B., LLC

Current Principal Place of Business:

2630 W BROWARD BLVD
203-1820
FORT LAUDERDALE, FL 33312-1314

Current Mailing Address:

4785 NW 9TH DRIVE
PLANTATION, FL 33317 US

FEI Number: 86-2736615

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROWN, ALICIA N
4785 NW 9TH DRIVE
PLANTATION, FL 33317 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 CEO
Name BROWN, ALICIA N
Address 4785 NW 9TH DRIVE
City-State-Zip: PLANTATION FL 33317

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: ALICIA BROWN

FOUNDER

04/30/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date