# 2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L21000174603

## Entity Name: LAURA THERAPY, LLC

# Current Principal Place of Business:

1481 W 41 ST APT# 113 HIALEAH, FL 33012

#### **Current Mailing Address:**

1481 W 41 ST APT# 113 HIALEAH, FL 33012 US

## **FEI Number: APPLIED FOR**

### Name and Address of Current Registered Agent:

PERERA, LAURA 1481 W 41 ST APT# 113 HIALEAH, FL 33012 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

#### Authorized Person(s) Detail :

TitleMGRNamePERERA BARGES, LAURAAddress1481 W 41 ST<br/>APTO 113City-State-Zip:HIALEAH FL 33012

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.

MGR

## SIGNATURE: LAURA PERERA BARGES

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

04/05/2022 Date

Date