### 2024 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** Certificate of Status Desired: No

### 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

Date

**FILED** Apr 11, 2024

**Secretary of State** 

0646934787CC

### Authorized Person(s) Detail:

Title MGR

PERERA BARGES, LAURA Name

1481 W 41 ST Address

**APTO 113** 

City-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.

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: LAURA PERERA BARGES

**MGR** 

04/11/2024

Date