

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000203473

Entity Name: FDEZ MEDINA THERAPY LLC

Current Principal Place of Business:

11229 SW 231 LN
MIAMI, FL 33170

Current Mailing Address:

11229 SW 231 LN
MIAMI, FL 33170

FEI Number: 86-3667909

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FERNANDEZ MEDINA, TERESA
11229 SW 231 LN
MIAMI, FL 33170 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 FERNANDEZ MEDINA, TERESA
Address 11229 SW 231 LN
City-State-Zip: MIAMI FL 33170

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: TERESA FERNANDEZ MEDINA

MGR

03/05/2022

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date