

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000223720

**Entity Name:** HOME HEALTH THERAPY PARTNERS LLC

**Current Principal Place of Business:**

NORTHWEST REGISTERED AGENT LLC  
7901 4TH ST N STE 300  
ST. PETERSBURG, FL 33702

**Current Mailing Address:**

NORTHWEST REGISTERED AGENT LLC  
7901 4TH ST N STE 300  
ST PETERSBURG, FL 33702 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

NORTHWEST REGISTERED AGENT LLC  
7901 4TH ST N  
STE 300  
ST. PETERSBURG, FL 33702 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 AMBR  
Name MATHEW, MANU T  
Address NORTHWEST REGISTERED AGENT  
LLC  
7901 4TH ST N STE 300  
City-State-Zip: ST. PETERSBURG FL 33702

*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:** MANU T MATHEW

AMBR

02/10/2025

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

\_\_\_\_\_  
Date