

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000254373

Entity Name: ASHLEY THERAPY AND SERVICES LLC

Current Principal Place of Business:

138 W 8TH ST
17
HIALEAH, FL 33010

Current Mailing Address:

138 W 8TH ST
17
HIALEAH, FL 33010 US

FEI Number: 87-1091383

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VAZQUEZ ACOSTA, LEOANY
138 W 8TH ST
17
HIALEAH, FL 33010 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 VAZQUEZ ACOSTA, LEOANY
Address 138 W 8TH ST APT 17
City-State-Zip: HIALEAH FL 33010

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: LEOANY VAZQUEZ ACOSTA

OWNER

02/20/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date