

**2023 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

SLPA

03/10/2023

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

\_\_\_\_\_  
Date