

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000271207

Entity Name: CAGIGAS THERAPY SERVICES LLC

Current Principal Place of Business:

18243 SW 146TH CT
MIAMI, FL 33177

Current Mailing Address:

18243 SW 146TH CT
MIAMI, FL 33177 US

FEI Number: 87-1217760

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAGIGAS MEDINA, FATIMA D
18243 SW 146TH CT
MIAMI, FL 33177 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 MBR
Name CAGIGAS MEDINA, FATIMA D
Address 18243 SW 146TH CT
City-State-Zip: MIAMI FL 33177

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: FATIMA D CAGIGAS MEDINA

01/02/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date