

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000294723

Entity Name: ARUFE THERAPY SERVICES LLC

Current Principal Place of Business:

5045 LAKEWALK DR.
APT. 7217
WINTER GARDEN, FL 34787

Current Mailing Address:

5045 LAKEWALK DR.
APT. 7217
WINTER GARDEN, FL 34787

FEI Number: 87-1391555

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ARUFE, MARLENE
5045 LAKEWALK DR.
APT. 7217
WINTER GARDEN, FL 34787 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 ARUFE, MARLENE
Address 5045 LAKEWALK DR., APT. 7217
City-State-Zip: WINTER GARDEN FL 34787

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: MARLENE ARUFE

MGR

04/21/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date