

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000309254

**Entity Name:** AMH THERAPY SERVICES LLC

**Current Principal Place of Business:**

30342 SW 163 AVE  
HOMESTEAD, FL 33033

**Current Mailing Address:**

30342 SW 163 AVE  
HOMESTEAD, FL 33033 US

**FEI Number:** 87-1736956

**Certificate of Status Desired:** No

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

MUNOZ HERNANDEZ, ALFREDO  
30342 SW 163 AVE  
HOMESTEAD, FL 33033 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 MUNOZ HERNANDEZ, ALFREDO  
Address 30342 SW 163 AVE  
City-State-Zip: HOMESTEAD FL 33033

*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:** ALFREDO MUNOZ HERNANDEZ

MGR

03/25/2023

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

\_\_\_\_\_  
Date