

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000312917

**Entity Name:** DAYLEN THERAPY LLC

**Current Principal Place of Business:**

19325 NW 24TH AVE  
MIAMI GARDENS, FL 33056

**Current Mailing Address:**

19325 NW 24TH AVE  
MIAMI GARDENS, FL 33056 US

**FEI Number:** 87-1629251

**Certificate of Status Desired:** No

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

MORENO, DAYLEN  
19325 NW 24TH AVE  
MIAMI GARDENS, FL 33036 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            MORENO, DAYLEN  
Address        19325 NW 24TH AVE  
City-State-Zip: MIAMI GARDENS FL 33036

*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:** DAYLEN MORENO

DAYLEN

04/13/2022

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

\_\_\_\_\_  
Date