

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000314076

**Entity Name:** JNC THERAPY, LLC

**Current Principal Place of Business:**

7880 SW 86TH ST.  
APT. 3  
MIAMI, FL 33143

**Current Mailing Address:**

7880 SW 86TH ST.  
APT. 3  
MIAMI, FL 33143 US

**FEI Number:** 87-1601168

**Certificate of Status Desired:** No

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

CASTELLANOS, JACQUELINE N  
7880 SW 86TH ST.  
APT. 3  
MIAMI, FL 33143 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:** JACQUELINE N. CASTELLANOS

03/28/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name CASTELLANOS, JACQUELINE N  
Address 7880 SW 86TH ST.  
APT. 3  
City-State-Zip: MIAMI FL 33143

*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:** JACQUELINE CASTELLANOS

MANAGER

03/28/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date