

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000328146

Entity Name: WHOLE WOMEN THERAPY LLC

Current Principal Place of Business:

4705 NW 82ND AVE
LAUDERHILL, FL 33351

Current Mailing Address:

4705 NW 82ND AVE
LAUDERHILL, FL 33351 US

FEI Number: 87-1900291

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JUSTILIEN, CHRISSY
4705 NW 82ND AVE
APT 2
LAUDERHILL, FL 33351 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	Title	MGR
Name	JUSTILIEN, CHRISSY	Name	MOTES, GRACE
Address	4705 NW 82ND AVE	Address	4705 NW 82ND AVE
City-State-Zip:	LAUDERHILL FL 33351	City-State-Zip:	LAUDERHILL FL 33351

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: CHRISSY JUSTILIEN

MANAGER

04/30/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date