

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000349604

Entity Name: @ HOME THERAPY MANAGEMENT LLC

Current Principal Place of Business:

4779 COLLINS AVE, APT 603
MIAMI BEACH, FL 33140

Current Mailing Address:

4779 COLLINS AVE, APT 603
MIAMI BEACH, FL 33140 US

FEI Number: 87-2060572

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DEUTSCH, MOISHE
4779 COLLINS AVE, APT 603
MIAMI BEACH, FL 33140 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	Title	AMBR
Name	DEUTSCH, MOISHE	Name	DEUTSCH, ESTHER
Address	4779 COLLINS AVE, APT 603	Address	4779 COLLINS AVE, APT 603
City-State-Zip:	MIAMI BEACH FL 33140	City-State-Zip:	MIAMI BEACH FL 33140

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: MOISHE DEUTSCH

MEMBER

01/16/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date