

**2024 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, APT603  
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, APT603  
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  
Name DEUTSCH, MOISHE  
Address 4779 COLLINS AVE, APT 603  
City-State-Zip: MIAMI BEACH FL 33140

Title AMBR  
Name DEUTSCH, ESTHER  
Address 4779 COLLINS AVE, APT 603  
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**

**01/16/2024**

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

\_\_\_\_\_  
Date