

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000510550

Entity Name: BEYOND THE SCARS THERAPY, LLC

Current Principal Place of Business:

1708 OLD RIVER TRAIL
CHULUOTA, FL 32766

Current Mailing Address:

1708 OLD RIVER TRAIL
CHULUOTA, FL 32766

FEI Number: 87-4002307

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOLLES, TAMMY
1708 OLD RIVER TRAIL
CHULUOTA, FL 32766 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
Name BOLLES, TAMMY
Address 1708 OLD RIVER TRAIL
City-State-Zip: CHULUOTA FL 32766

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: TAMMY M BOLLES

MANAGER

03/10/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date