

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000094045

**Entity Name:** MORALES BEHAVIOR THERAPY LLC

**Current Principal Place of Business:**

709 S ROYAL POINCIANA BLVD  
APT. #115  
MIAMI SPRINGS, FL 33166-7329

**Current Mailing Address:**

709 S ROYAL POINCIANA BLVD  
APT. #115  
MIAMI SPRINGS, FL 33166-7329 US

**FEI Number:** 88-1081756

**Certificate of Status Desired:** No

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

MORALES ORDONEZ, DANISLEYDI  
709 S ROYAL POINCIANA BLVD  
APT. #115  
MIAMI SPRINGS, FL 33166-7329 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 MORALES ORDONEZ, DANISLEYDI  
Address 709 S ROYAL POINCIANA BLVD APT.  
#115  
City-State-Zip: MIAMI SPRINGS FL 33166-7329

*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:** DANISLEYDI MORALES ORDONEZ

**PRESIDENT**

**02/09/2024**

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

\_\_\_\_\_  
Date