

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000104351

Entity Name: CHIN THERAPY SERVICES LLC

Current Principal Place of Business:

1111 PEBBLE PEACH CIRCLE
APOPKA, FL 32712

Current Mailing Address:

1111 PEBBLE PEACH CIRCLE
APOPKA, FL 32712 US

FEI Number: 88-1237469

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIN, NICHOLAS
1111 PEBBLE PEACH CIRCLE
APOPKA, FL 32712 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 CHIN, NICHOLAS
Address 1111 PEBBLE PEACH CIRCLE
City-State-Zip: APOPKA FL 32712

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: NICHOLAS CHIN

02/09/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date