## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000189951

Entity Name: HARMONY AT THE GABLES CLINIC LLC

**Current Principal Place of Business:** 

2650 SW 27TH AVE., #305-306 MIAMI, FL 33133

**Current Mailing Address:** 

2650 SW 27TH AVE., #305-306 MIAMI, FL 33133 US

FEI Number: 88-2271942 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SAIZ, MARIA E 2650 SW 27TH AVE., #305-306 MIAMI, FL 33133 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

FILED Apr 03, 2025

**Secretary of State** 

2282452961CC

## Authorized Person(s) Detail:

Title AMBR

Name CASTILLO, ANABEL

Address 2650 SW 27TH AVE., #305-306

City-State-Zip: MIAMI FL 33133

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.

Electronic Signature of Signing Authorized Person(s) Detail