

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000221891

**Entity Name:** G GONZALEZ BEHAVIOR THERAPY LLC

**Current Principal Place of Business:**

8510 SW 149 AVE  
1110  
MIAMI, FL 33193

**Current Mailing Address:**

8510 SW 149 AVE  
1110  
MIAMI, FL 33193 US

**FEI Number:** 88-2544495

**Certificate of Status Desired:** No

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

GRILLO GONZALEZ, OLGA L  
8510 SW 149 AVE  
1110  
MIAMI, FL 33193 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            GRILLO GONZALEZ, OLGA LIDIA  
Address        8510 SW 149 AVE  
                  1110  
City-State-Zip: MIAMI FL 33193

*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:** OLGA LIDIA GRILLO GONZALEZ

AMBR

02/28/2024

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

\_\_\_\_\_  
Date