

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000296779

**Entity Name:** HOPE BLOOMS THERAPY LLC

**Current Principal Place of Business:**

5313 PAYLOR LN  
SUITE 200 B  
SARASOTA, FL 34240

**Current Mailing Address:**

5313 PAYLOR LN  
SUITE 200 B  
SARASOTA, FL 34240 US

**FEI Number:** 88-3164399

**Certificate of Status Desired:** No

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

MAZA, ROXANA A  
5313 PAYLOR LN  
SUITE 200 B  
SARASOTA, FL 34240 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 MAZA, ROXANA A  
Address 13580 LUXE AVENUE  
City-State-Zip: BRADENTON FL 34211

*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:** ROXANA MAZA

**OWNER**

**04/13/2024**

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

\_\_\_\_\_  
Date