

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000299806

Entity Name: THE SOAK THERAPY LLC

Current Principal Place of Business:

414 MALLARD LANE
WESTON, FL 33327

Current Mailing Address:

414 MALLARD LANE
WESTON, FL 33327

FEI Number: 92-3695985

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GONZALEZ, CLAUDIA B
414 MALLARD LANE
WESTON, FL 33327 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 GONZALEZ, VALERIA B
Address 414 MALLARD LANE
City-State-Zip: WESTON FL 33327

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: VALERIA BRABATA GONZALEZ

EXECUTIVE DIRECTOR

04/27/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date