

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000311316

**Entity Name:** SENSORY FUN THERAPY LLC

**Current Principal Place of Business:**

14760 WESTERLY DR.  
1102  
WINTER GARDEN, FL 34787

**Current Mailing Address:**

14760 WESTERLY DR.  
1102  
WINTER GARDEN, FL 34787 US

**FEI Number:** 88-3506529

**Certificate of Status Desired:** No

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

TIRADO, HUGO L  
161 CHAMPIONS VUE LOOP  
413  
DAVENPORT, FL 33897 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 P  
Name LORENZO, MAGALI  
Address 14760 WESTERLY DR.  
City-State-Zip: WINTER GARDEN FL 34787

*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:** MAGALI LORENZO

03/05/2024

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

\_\_\_\_\_  
Date