

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000320775

Entity Name: YOUR VILLAGE THERAPY LLC

Current Principal Place of Business:

559 GOLF AND SEA BOULEVARD
APOLLO BEACH, FL 33572

Current Mailing Address:

559 GOLF AND SEA BOULEVARD
APOLLO BEACH, FL 33572 US

FEI Number: 88-3403828

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JACKSON, MADISON A
559 GOLF AND SEA BOULEVARD
APOLLO BEACH, FL 33572 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 JACKSON, MADISON A AMBR
Address 559 GOLF AND SEA BOULEVARD
City-State-Zip: APOLLO BEACH FL 33572

Title TREASURER
Name JACKSON, LEONARD E TREASURER
Address 559 GOLF AND SEA BLVD.
City-State-Zip: APOLLO BEACH FL 33572

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: LEONARD JACKSON

TREASURER

07/12/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date