

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000367398

**Entity Name:** SENSORY INNOVATION THERAPIES LLC

**Current Principal Place of Business:**

3436 SW COCO PALM DR  
PALM CITY, FL 34990

**Current Mailing Address:**

3436 SW COCO PALM DR  
PALM CITY, FL 34990

**FEI Number: 88-3849696**

**Certificate of Status Desired: No**

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

DUNLEAVY, LEAH  
3436 SW COCO PALM DR.  
PALM CITY, FL 34990 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 DUNLEAVY, LEAH  
Address 3436 SW COCO PALM DR  
City-State-Zip: PALM CITY FL 34990

*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: LEAH DUNLEAVY**

**OWNER**

**01/21/2023**

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

\_\_\_\_\_  
Date