## 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000411740

**Entity Name: SELAH THERAPY LLC** 

**Current Principal Place of Business:** 

1331 E LAFAYETTE ST SUITE A TALLAHASSEE, FL 32301

**FILED** Feb 06, 2023 **Secretary of State** 3556356276CC

## **Current Mailing Address:**

**1429 LUCY ST** 

TALLAHASSEE, FL 32308--510 UN

FEI Number: 92-0392574 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

JOHNSON, AMY 1429 LUCY ST

TALLAHASSEE, FL 32308 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 AR

Title AR

JOHNSON, AMY M Name Name JOHNSON, WILLIAM R

Address **1429 LUCY ST** Address 1429 LUCY ST

City-State-Zip: TALLAHASSEE FL 32308--510 City-State-Zip: TALLAHASSEE FL 32308--510

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: AMY JOHNSON

02/06/2023

Date