

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000436017

**Entity Name:** SYNAPTIC THERAPY SERVICES LLC

**Current Principal Place of Business:**

17931 SW 152ND AVE  
MIAMI, FL 33187

**Current Mailing Address:**

17931 SW 152ND AVE  
MIAMI, FL 33187 UN

**FEI Number:** 92-0958093

**Certificate of Status Desired:** No

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

PEREZ, GRETTEL  
17931 SW 152ND AVE  
MIAMI, FL 33187 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 AP  
Name PEREZ, GRETTEL  
Address 17931 SW 152ND AVE  
City-State-Zip: MIAMI FL 33187

*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:** GRETTEL PEREZ

**OWNER**

**04/09/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date