

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000088360

**Entity Name:** CNE BEHAVIOR THERAPY LLC

**Current Principal Place of Business:**

13160 SW 265 ST  
MIAMI, FL 33032

**Current Mailing Address:**

13160 SW 265 ST  
MIAMI, FL 33032 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

RUIZ TELLEZ, ELIANIS  
13160 SW 265 ST  
MIAMI, FL 33032 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            RUIZ TELLEZ, ELIANIS  
Address        13160 SW 265 ST  
City-State-Zip: MIAMI FL 33032

*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:** RUIZ TELLEZ , ELIANIS

AMBR

04/27/2024

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

\_\_\_\_\_  
Date