

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000171651

**Entity Name:** BRIDGEWAY THERAPY LLC

**Current Principal Place of Business:**

1509 ABBERTON DR  
ORLANDO, FL 32837

**Current Mailing Address:**

1509 ABBERTON DR  
ORLANDO, FL 32837

**FEI Number:** 92-3350688

**Certificate of Status Desired:** No

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

CARDONA, ADRIANA  
1509 ABBERTON DR  
ORLANDO, FL 32837 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            CARDONA, ADRIANA  
Address        1509 ABBERTON DR  
City-State-Zip: ORLANDO FL 32837

*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:** ADRIANA CARDONA

**OWNER**

**04/08/2024**

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

\_\_\_\_\_ Date