

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000253658

Entity Name: THERAPY WITH STEPHH LLC

Current Principal Place of Business:

10725 NW 19TH ST.
CORAL SPRINGS, FL 33071

Current Mailing Address:

10725 NW 19TH ST.
CORAL SPRINGS, FL 33071 US

FEI Number: 93-1384122

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MANNE, STEPHANIE H
10725 NW 19TH ST.
CORAL SPRINGS, FL 33071 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
Name MANNE, STEPHANIE
Address 10725 NW 19TH ST.
City-State-Zip: CORAL SPRINGS FL 33071

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: STEPHANIE MANNE

OWNER

03/27/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date