

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000346163

Entity Name: SENSORYTHERAPY LLC

Current Principal Place of Business:

1691 FORUM PL
SUITE B #181
WEST PALM BEACH, FL 33401

Current Mailing Address:

PO BOX 222512
WEST PALM BEACH, FL 33422 UN

FEI Number: 93-2502056

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BANKS, ANITA MS.
442 17TH ST
WEST PALM BEACH, FL 33401 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 MANAGER
Name BANKS, ANITA
Address PO BOX 222512
City-State-Zip: WEST PALM BEACH 33422

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: ANITA BANKS

MANAGER

02/19/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date