

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000441527

Entity Name: DAY THERAPY LLC

Current Principal Place of Business:

1015 W 64TH PL
HIALEAH, FL 33012

Current Mailing Address:

1015 W 64TH PL
HIALEAH, FL 33012

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REVILLA, DAYLEN
1015 W 64TH PL
HIALEAH, FL 33012 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 MGR
Name REVILLA, DAYLEN
Address 1015 W 64TH PL
City-State-Zip: HIALEAH FL 33012

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: REVILLA , DAYLEN

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04/08/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date