

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L24000453839

Entity Name: THERAPY SMART SOLUTIONS LLC

Current Principal Place of Business:

1515 E SILVER SPRINGS BLVD
SUITE 143
OCALA, FL 34470

Current Mailing Address:

1515 E SILVER SPRINGS BLVD
SUITE 143
OCALA, FL 34470 US

FEI Number: 33-1695743

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FEBLES FUNDORA, BRIAN
8045 SW 57TH COURT
OCALA, FL 34476 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 FEBLES FUNDORA, BRIAN
Address 8045 SW 57TH COURT
City-State-Zip: Ocala FL 34476

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: BRIAN FEBLES FUNDORA

MGR

01/05/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date