

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P24000068204

**Entity Name:** SILVER LINING THERAPY INC

**Current Principal Place of Business:**

715 NW 9TH AVE  
DANIA, FL 33004

**Current Mailing Address:**

715 NW 9TH AVE  
DANIA, FL 33004 US

**FEI Number:** 33-2961982

**Certificate of Status Desired:** No

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

HIDALGO, LORENS  
715 NW 9TH AVE  
DANIA, FL 33004 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

**Officer/Director Detail :**

Title P  
Name HIDALGO, LORENS  
Address 715 NW 9TH AVE  
City-State-Zip: DANIA FL 33004

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LORENS HIDALGO

02/11/2025

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date