

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000100575

Entity Name: ARLEY THERAPY SERVICES, LLC

Current Principal Place of Business:

45 NW 8 STREET
SUITE 104
HOMESTEAD, FL 33030

Current Mailing Address:

45 NW 8 STREET
SUITE 104
HOMESTEAD, FL 33030 US

FEI Number: 80-0294260

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CORREA, JOSE N
833 SAVANNAH FALLS DR.
WESTON, FL 33327 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 | MGRM | Title | MGRM |
| Name | VALLEJO, BLANCA R | Name | VALLEJO, JOSE A |
| Address | 45 NW 8 STREET SUITE 104 | Address | 45 NW 8 STREET SUITE 104 |
| City-State-Zip: | HOMESTEAD FL 33030 | City-State-Zip: | HOMESTEAD FL 33030 |

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: JOSE ALBERTO VALLEJO

MANAGER

01/21/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date