

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000104384

**Entity Name:** ROBERTS THERAPY SOLUTIONS, LLC

**Current Principal Place of Business:**

22404 NE SR 20  
HOSFORD, FL 32334

**Current Mailing Address:**

22404 NE SR 20  
HOSFORD, FL 32334 US

**FEI Number:** 61-1630235

**Certificate of Status Desired:** No

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

ROBERTS, STEPHENIE  
22404 NE SR 20  
HOSFORD, FL 32334 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 ROBERTS, STEPHENIE  
Address 22404 NE SR 20  
City-State-Zip: HOSFORD FL 32334

*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:** STEPHENIE F ROBERTS

**OWNER**

**02/13/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date