

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000017103

Entity Name: SMARTHERAPY LLC

Current Principal Place of Business:

5190 NW 167TH ST
SUITE 117
HIALEAH, FL 33014

Current Mailing Address:

5190 NW 167TH ST
SUITE 117
HIALEAH, FL 33014 US

FEI Number: 27-4843672

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROSA, CHAMILE
5190 NW 167TH ST
SUITE 117
HIALEAH, FL 33014 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: CHAMILE ROSA

04/26/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name ROSA, CHAMILE
Address 5190 NW 167TH ST, STE 117
City-State-Zip: HIALEAH FL 33014

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: CHAMILE ROSA

MGR

04/26/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date