

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000021260

Entity Name: S & S THERAPY SOLUTIONS LLC

Current Principal Place of Business:

11450 SW 55 ST
MIAMI , FL 33165

Current Mailing Address:

PO BOX 830441
MIAMI, FL 33283 US

FEI Number: 46-2003720

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOUZADO, SYLVETTE
8300 W FLAGLER STREET
SUITE 114
MIAMI, FL 33144 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
Name LOUZADO, SYLVETTE
Address 8300 W FLAGLER STREET SUITE 114
City-State-Zip: MIAMI FL 33144

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: SYLVETTE LOUZADO

MGRM

04/02/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date