

**2026 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000128152

**Entity Name:** ACHIEVEABILITY THERAPY SERVICES, P.L.

**Current Principal Place of Business:**

18288 N US HWY 41  
LUTZ, FL 33549

**Current Mailing Address:**

23110 STATE RD 54  
LUTZ, FL 33549 US

**FEI Number: 46-3640276**

**Certificate of Status Desired: No**

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

REGISTERED AGENTS INC  
7901 4TH ST N STE 300  
ST. PETERSBURG, FL 33702 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 AMBR  
Name HULL, KIMBERLY  
Address 18288 N US HIGHWAY 41  
City-State-Zip: LUTZ FL 33549

Title CEO  
Name VANZILE, MICHAEL JAMES  
Address 23110 STATE ROAD 54, #221  
City-State-Zip: LUTZ FL 33549

*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: KIMBERLY HULL**

**PRESIDENT**

**04/23/2026**

Electronic Signature of Signing Authorized Person(s) Detail

Date