

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000008729

**Entity Name:** NEW START THERAPY, LLC

**Current Principal Place of Business:**

4446 ANDOVER CAY BLVD  
ORLANDO, FL 32825

**Current Mailing Address:**

4446 ANDOVER CAY BLVD  
ORLANDO, FL 32825

**FEI Number:** 47-2811868

**Certificate of Status Desired:** No

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

PARRA, NELSON  
4446 ANDOVER CAY BLVD  
ORLANDO, FL 32825 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           | MANAGER               | Title           | MANAGER               |
| Name            | PARRA JEREZ, NELSON   | Name            | ROMERO MUNOZ, OLGA L  |
| Address         | 4446 ANDOVER CAY BLVD | Address         | 4446 ANDOVER CAY BLVD |
| City-State-Zip: | ORLANDO FL 32825      | City-State-Zip: | ORLANDO FL 32825      |

*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:** PARRA JEREZ, NELSON

MANAGER

01/03/2022

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

\_\_\_\_\_ Date