

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000030563

Entity Name: THINK THERAPIES LLC

Current Principal Place of Business:

2439 FLOWER AVENUE
PANAMA CITY, FL 32405

Current Mailing Address:

2439 FLOWER AVENUE
PANAMA CITY, FL 32405

FEI Number: 47-3260149

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JEFFERY, EMMA J
2439 FLOWER AVENUE
PANAMA CITY, FL 32405 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 JEFFERY, EMMA J
Address 2439 FLOWER AVENUE
City-State-Zip: PANAMA CITY FL 32405

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: EMMA JEFFERY

MRS

04/30/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date