

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000042196

Entity Name: CONNECTIONS THERAPY, LLC

Current Principal Place of Business:

2701 NE 21 STREET
FORT LAUDERDALE, FL 33305

Current Mailing Address:

2701 NE 21 STREET
FORT LAUDERDALE, FL 33305 US

FEI Number: 81-2594079

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CONNECTIONS THERAPY, LLC
2701 NE 21ST STREET
FORT LAUDERDALE, FL 33305 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: SHEERY E WEIZMAN

02/17/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name BRANDT, MAYA
Address 2701 NE 21ST STREET
City-State-Zip: FT. LAUDERDALE FL 33305

Title MGR
Name WEIZMAN, SHEERY
Address 2701 NE 21ST STREET
City-State-Zip: FORT LAUDERDALE FL 33305

Title MGR
Name WEIZMAN, ALONA
Address 3930 N 38TH AVE
City-State-Zip: HOLLYWOOD FL 33021

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: SHEERY WEIZMAN

**CO-OWNER, DIRECTOR
OF OPERATIONS**

02/17/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date