

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000055375

**Entity Name:** SUNNY ALLEY THERAPY, LLC.

**Current Principal Place of Business:**

3014 WEST PALMIRA AVENUE  
STE 201  
TAMPA, FL 33629

**Current Mailing Address:**

3014 WEST PALMIRA AVENUE  
STE 201  
TAMPA, FL 33629 US

**FEI Number:** 81-5167020

**Certificate of Status Desired:** No

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

DALRYMPLE, JAMIE  
3014 WEST PALMIRA AVENUE  
STE 201  
TAMPA, FL 33629 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 MGR  
Name DALRYMPLE, JAMIE  
Address 3014 WEST PALMIRA AVENUE  
STE 201  
City-State-Zip: TAMPA FL 33629

*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:** JAMIE DALRYMPLE

MGR

02/01/2024

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

\_\_\_\_\_  
Date