

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000072384

Entity Name: THERAPY WITH LIZA, LLC

Current Principal Place of Business:

10881 HAWKS VISTA ST
PLANTATION, FL 33324

Current Mailing Address:

10881 HAWKS VISTA ST
PLANTATION, FL 33324 US

FEI Number: 81-2242833

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PIEKARSKY, LIZA B
10881 HAWKS VISTA ST
PLANTATION, FL 33322 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: LIZA PIEKARSKY

04/30/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title OWNER
Name PIEKARSKY, LIZA
Address 10881 HAWKS VISTA STREET
City-State-Zip: PLANTATION FL 33324

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: LIZA PIEKARSKY

LMHC

04/30/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date