

2020 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L16000072384

Entity Name: THERAPY WITH LIZA, LLC

Current Principal Place of Business:

5400 S UNIVERSITY DR
SUITE 118
DAVIE, FL 33328

Current Mailing Address:

10420 NW 12 PLACE
PLANTATION, FL 33322 US

FEI Number: 81-2242833

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PIEKARSKY, LIZA B
10420 NW 12 PLACE
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

06/11/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title OWNER
Name PIEKARSKY, LIZA
Address 10420 NW 12 PLACE
City-State-Zip: PLANTATION FL 33322

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

PRESIDENT

06/11/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date