

**2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L16000231171

**Entity Name:** CREATIVE THERAPY SOLUTIONS, LLC**Current Principal Place of Business:**2168 JOG ROAD  
GREENACRES, FL 33415**Current Mailing Address:**2168 JOG ROAD  
GREENACRES, FL 33415 US**FEI Number:** 37-1665075**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MATTINGLY, ELLEN F  
2168 JOG ROAD  
GREENACRES, FL 33415 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:** ELLEN F MATTINGLY

01/06/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name MATTINGLY, ELLEN F  
Address 2168 JOG ROAD  
City-State-Zip: GREENACRES FL 33415

Title AMBR  
Name DE BARRY, KAYLA M  
Address 2168 JOG ROAD  
City-State-Zip: GREENACRES FL 33415

Title MBR  
Name FOSTER, BRIANA R  
Address 2168 JOG ROAD  
City-State-Zip: GREENACRES FL 33415

Title MBR  
Name MATTINGLY, BRITTANY S  
Address 2168 JOG ROAD  
City-State-Zip: GREENACRES FL 33425

Title MBR  
Name MATTINGLY, TRISTIAN D  
Address 2168 JOG ROAD  
City-State-Zip: GREENACRES FL 33415

*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:** ELLEN F MATTINGLY**DIRECTOR**

01/06/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date