

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000015714

Entity Name: HARMONY COVE THERAPY, LLC

Current Principal Place of Business:

3900 W COMMERCIAL BLVD
SUITE 210
TAMARAC, FL 33309

Current Mailing Address:

31 ROBIN RD
WINDSOR, CT 06095 US

FEI Number: 81-5096399

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC.
7901 4TH ST N
STE 300
ST. PETERSBURG, FL 33702 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: DR. DANIELLE R MOYE

04/23/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name MOYE, DANIELLE
Address 3900 W COMMERCIAL BLVD,. SUITE
210
City-State-Zip: TAMARAC FL 33309

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: DANIELLE MOYE

AMBR

04/23/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date