

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000073544

**Entity Name:** DAYLIN THERAPY SERVICES LLC.

**Current Principal Place of Business:**

8181 NW SOUTH RIVER DR  
LOT B-243  
MEDLEY, FL 33166

**Current Mailing Address:**

8181 NW SOUTH RIVER DR  
LOT B-243  
MEDLEY, FL 33166 US

**FEI Number:** 82-1087377

**Certificate of Status Desired:** No

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

PADRON, DAYLIN  
8181 NW SOUTH RIVER DR LOT B-243  
MEDLEY, FL 33166 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 PADRON, DAYLIN  
Address 8181 NW SOUTH RIVER DR  
LOT 243  
City-State-Zip: MEDLEY FL 33166

*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:** DAYLIN PADRON

MGR

03/05/2020

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

\_\_\_\_\_ Date