

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000096979

**Entity Name:** VDL THERAPY SERVICES LLC

**Current Principal Place of Business:**

5016 SW 72ND AVENUE  
SOUTH MIAMI, FL 33155

**Current Mailing Address:**

7310 SW 82ND STREET  
#A218  
MIAMI, FL 33143 US

**FEI Number:** 82-1411101

**Certificate of Status Desired:** No

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

DE LA LLAMA, VANESSA A  
5016 SW 72ND AVENUE  
SOUTH MIAMI, FL 33155 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	AP	Title	P
Name	DE LA LLAMA, VIVIAN F	Name	DE LA LLAMA, VANESSA A
Address	5016 SW 72ND AVENUE	Address	5016 SW 72ND AVENUE
City-State-Zip:	SOUTH MIAMI FL 33155	City-State-Zip:	SOUTH MIAMI FL 33155

*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:** VANESSA DE LA LLAMA

**PRESIDENT**

**01/08/2021**

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

\_\_\_\_\_  
Date