

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000133513

Entity Name: FELIPE THERAPY SERVICES LLC

Current Principal Place of Business:

165 SW 48TH CT
MIAMI, FL 33134

Current Mailing Address:

165 SW 48TH CT
MIAMI, FL 33134 US

FEI Number: 82-1947926

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FELIPE GONZALEZ, ARELIS
165 SW 48TH CT
MIAMI, FL 33134 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 AMBR
Name FELIPE GONZALEZ, ARELIS
Address 165 SW 48TH CT
City-State-Zip: MIAMI FL 33134

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: ARELIS FELIPE GONZALEZ

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02/08/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date