

**2019 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

**MEMBER**

**03/20/2019**

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

\_\_\_\_\_  
Date