

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000160494

**Entity Name:** LEMONADE THERAPY LLC

**Current Principal Place of Business:**

3495 SOUTHWOOD COURT  
DAVIE, FL 33328

**Current Mailing Address:**

3495 SOUTHWOOD COURT  
DAVIE, FL 33328 US

**FEI Number:** 82-2335248

**Certificate of Status Desired:** No

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

PENA, ENA  
3495 SOUTHWOOD COURT  
DAVIE, FL 33328 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            PENA, ENA  
Address        3495 SOUTHWOOD COURT  
City-State-Zip: DAVIE FL 33328

*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:** ENA PENA

03/03/2024

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

\_\_\_\_\_ Date