

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000010145

**Entity Name:** COMMUNITY THERAPY ASSOCIATES, LLC

**Current Principal Place of Business:**

4125 HUNTERS PARK LANE  
SUITE 117  
ORLANDO, FL 32837

**Current Mailing Address:**

4125 HUNTERS PARK LANE  
SUITE 117  
ORLANDO, FL 32837 US

**FEI Number:** 82-4771713

**Certificate of Status Desired:** No

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

HILL, NATHAN  
4125 HUNTERS PARK LANE  
STE 117  
ORLANDO, FL 32837 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 HARRY, EUDENE  
Address 4125 HUNTERS PARK LANE  
SUITE 117  
City-State-Zip: ORLANDO FL 32837

*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:** EUDENE HARRY

MGR

02/06/2024

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

\_\_\_\_\_  
Date