

2019 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
713 E. 6TH AVENUE
WINDEMERE, FL 34786 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

02/05/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date