

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000077090

Entity Name: THERAPY PRIME, LLC

Current Principal Place of Business:

3109 EAST FOURTH AVENUE
TAMPA, FL 33605

Current Mailing Address:

3109 EAST FOURTH AVEUNE
TAMPA, FL 33605 US

FEI Number: 82-4992018

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILSON, JASON J MR
3109 EAST FOURTH AVEUNE
TAMPA, FL 33605 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 WILSON, JASON J MR
Address 3109 EAST FOURTH AVEUNE
City-State-Zip: TAMPA FL 33605

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: JASON WILSON

OWNER

02/20/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date