

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000108630

Entity Name: THERAPY WITH ALYSE, LLC

Current Principal Place of Business:

1825 FOREST HILL BLVD
SUITE 105
LAKE WORTH, FL 33406

Current Mailing Address:

4300 JOG RD
#542162
GREEN ACRES, FL 33454 US

FEI Number: 82-5458172

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MCKEAL, ALYSE
3570 WOODS WALK BLVD
LAKE WORTH, FL 33467 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 MCKEAL, ALYSE
Address 3570 WOODS WALK BLVD
City-State-Zip: LAKE WORTH FL 33467

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: ALYSE H MCKEAL

PRESIDENT AND CEO

05/10/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date