2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2019
Secretary of State
1380492367CC

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Entity Name: THERAPY WITH ALYSE, LLC

Current Principal Place of Business:

8401 LAKE WORTH RD
SUITE 209
LAKE WORTH, FL 33467

Current Mailing Address:

4300 JOG RD
#542162
GREEN ACRES, FL 33454 US

FEI Number: 82-5458172

Certificate of Status Desired: No

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.E. MCKEAL PRESIDENT/OWNER 04/19/2019

Electronic Signature of Signing Authorized Person(s) Detail — Date