

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000119317

Entity Name: THOMPSON THERAPEUTIC AND TRANSITION SERVICES,
L.L.C.**Current Principal Place of Business:**6171 HOOK LANE
BOYNTON BEACH, FL 33437**Current Mailing Address:**6171 HOOK LANE
BOTNTON BEACH, FL 33437 US**FEI Number: 88-2806050****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HILL-THOMPSON, KATINA
6171 HOOK LANE
BOYNTON BEACH, FL 33437 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	HILL-THOMPSON, KATINA
Address	6171 HOOK LANE
City-State-Zip:	BOYNTON BEACH FL 33437

Title	AMBR
Name	THOMPSON, BRIANNA
Address	2100 MURIEL ST NE
City-State-Zip:	ALBUQUERQUE NM 87110

Title	AMBR
Name	THOMPSON, ALEXIS
Address	13824 ECON WOOD LN
City-State-Zip:	ORLANDO FL 32826

Title	AMBR
Name	THOMPSON, RICHARD MICHAEL- ISAIAH
Address	6171 HOOK LANE
City-State-Zip:	BOYNTON BEACH FL 33437

Title	AMBR
Name	THOMPSON, RICHARD B
Address	6171 HOOK LN
City-State-Zip:	BOYNTON BEACH FL 33437

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: KATINA HILL-THOMPSON**MANAGER****03/01/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date