

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000183386

Entity Name: THERAPY BY CHLOE, LLC

Current Principal Place of Business:

110 NE 40TH STREET
MIAMI, FL 33137

Current Mailing Address:

1200 WEST AVE
726
MIAMI BEACH, FL 33139

FEI Number: NOT APPLICABLE

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MARKOWICZ, CHLOE A
1200 WEST AVE
726
MIAMI BEACH, FL 33139 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 P
Name MARKOWICZ, CHLOE A
Address 1200 WEST AVE
City-State-Zip: 726 FL 33139

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: CHLOE MARKOWICZ

OWNER

03/17/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date