

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000189570

**Entity Name:** FLORIDA THERAPY SPECIALISTS, LLC

**Current Principal Place of Business:**

2846 KEEL COURT  
APT 107  
LANTANA, FL 33462

**Current Mailing Address:**

2846 KEEL COURT  
APT 107  
LANTANA, FL 33462 US

**FEI Number:** 84-2618885

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TIDERMAN, BRIAN E  
5610 NEPSA WAY  
APT #4303  
DELRAY BEACH, FL 33484 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 TIDERMAN, BRIAN E  
Address 5610 NEPSA WAY  
APT #4303  
City-State-Zip: DELRAY BEACH FL 33484

Title MGR  
Name MARCIAL-LAUKKANEN, JENIFER  
Address 2846 KEEL COURT, APT 107  
City-State-Zip: LANTANA FL 33462

*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:** BRIAN TIDERMAN

MGR

04/25/2021

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date