

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000000027

**Entity Name:** NATY BEHAVIOR THERAPY LLC.

**Current Principal Place of Business:**

20800 ANCHOR RD  
MIAMI, FL 33189

**Current Mailing Address:**

20800 ANCHOR RD  
MIAMI, FL 33189 US

**FEI Number:** 00-0000027

**Certificate of Status Desired:** No

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

ULLOA AND COMPANY PROFESSIONAL ASSOCIATION  
14050 SW 84 STREET, SUITE 104  
MIAMI, FL 33183 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            LOY, NATIVIDAD  
Address        20800 ANCHOR RD  
City-State-Zip: MIAMI FL 33189

*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:** NATIVIDAD LOY

**OWNER**

**03/12/2024**

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

\_\_\_\_\_  
Date