

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000016361

Entity Name: ASHLEY THERAPY LLC

Current Principal Place of Business:

6606 SW 131 PATH APT 1805 A
MIAMI, FL 33183

Current Mailing Address:

6606 SW 131 PATH APT 1805 A
MIAMI, FL 33183

FEI Number: 84-4380332

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CARRION ALMEIDA, HEIDY
6606 SW 131 PATH APT 1805 A
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 MGR
Name CARRION ALMEIDA, HEIDY
Address 6606 SW 131 PATH APT 1805 A
City-State-Zip: MIAMI FL 33183

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: HEIDY CARRION ALMEIDA

MANAGER

04/23/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date