

**2021 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**

**02/05/2021**

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

\_\_\_\_\_ Date