

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000032271

Entity Name: RAMIREZ BEHAVIOR THERAPY LLC

Current Principal Place of Business:

29959 SW 159 DR
HOMESTEAD, FL 33033

Current Mailing Address:

29959 SW 159 DR
HOMESTEAD, FL 33033 US

FEI Number: 84-4571781

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 NERSA E CASTRO RAMIREZ
Address 29959 SW 159 DR
City-State-Zip: HOMESTEAD FL 33033

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: NERSA E CASTRO RAMIREZ

PRESIDENT

02/28/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date