

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000042055

**Entity Name:** JAHM THERAPY LLC

**Current Principal Place of Business:**

4835 NW 196 TERR  
OPA LOCKA, FL 33055

**Current Mailing Address:**

4835 NW 196 TERR  
OPA LOCKA, FL 33055 US

**FEI Number:** 84-4710112

**Certificate of Status Desired:** No

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

HERNANDEZ, DANAY  
4835 NW 196 TERR  
OPA LOCKA, FL 33055 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 HERNANDEZ, DANAY  
Address 4835 NW 196 TERR  
City-State-Zip: OPA LOCKA FL 33055

*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:** DANAY HERNANDEZ

MGR

04/23/2021

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

\_\_\_\_\_ Date