## 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000067825

Entity Name: ISAAC'S FAMILY THERAPY, LLC

**Current Principal Place of Business:** 

1990 WEST 26TH STREET APT 1128

HIALEAH, FL 33012

**Current Mailing Address:** 

1990 WEST 26TH STREET APT 1128 HIALEAH. FL 33012 US

FEI Number: 85-0876942 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ESCALANTE, OLGA L 1990 WEST 26TH STREET APT 1128 HIALEAH, FL 33012 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 Title MGR

NameESCALANTE, OLGA LNameMENDOZA ESCALANTE, CLAUDIAAddress1990 WEST 26TH STREET APT 1128Address1990 WEST 26TH STREET APT 1128

City-State-Zip: HIALEAH FL 33012 City-State-Zip: HIALEAH FL 33012

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: OLGA L ESCALANTE

Electronic Signature of Signing Authorized Person(s) Detail

MGR

03/13/2021

FILED Mar 13, 2021

**Secretary of State** 

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