

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000126748

Entity Name: WORTHWHILE THERAPY, LLC

Current Principal Place of Business:

851 N. DONNELLY STREET STE 11
MT DORA, FL 32757

Current Mailing Address:

P.O. BOX 1659
EUSTIS, FL 32727 US

FEI Number: 85-1073695

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WORTH, LESLIE M
851 N. DONNELLY STREET STE 11
MT DORA, FL 32757 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 WORTH, LESLIE M
Address 851 N. DONNELLY STREET STE 11
City-State-Zip: MT DORA FL 32757

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: LESLIE WORTH

OWNER

02/20/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date