

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000156678

**Entity Name:** HALO THERAPY LLC

**Current Principal Place of Business:**

4819 W BAY VILLA AVE  
TAMPA, FL 33611

**Current Mailing Address:**

4819 W BAY VILLA AVE  
TAMPA, FL 33611 US

**FEI Number:** 85-1420241

**Certificate of Status Desired:** No

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

BROCKWAY, LEE  
4819 W BAY VILLA AVE  
TAMPA, FL 33611 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:** LEE BROCKWAY

02/06/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name BROCKWAY, LEE  
Address 4819 W BAY VILLA AVE  
City-State-Zip: TAMPA FL 33611

Title AMBR  
Name BROCKWAY, CHRISTY  
Address 4819 W BAY VILLA AVE  
City-State-Zip: TAMPA FL 33611

*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:** LEE BROCKWAY

**OWNER**

02/06/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date