

2025 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

02/07/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

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

MANAGING PARTNER

02/07/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date