

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000167579

Entity Name: CORA MCNEESE NELSON THERAPY, LLC

Current Principal Place of Business:

30308 CHEVAL STREET
MOUNT DORA, FL 32757

Current Mailing Address:

399 EAST BURLEIGH BLVD
UNIT 652
TAVARES, FL 32778

FEI Number: 85-1467553

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCNEESE NELSON, CORA
30308 CHEVAL ST
MOUNT 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 AMBR
Name MCNEESE NELSON, CORA
Address 30308 CHEVAL ST
City-State-Zip: MOUNT 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: CORA MCNEESE NELSON

02/12/2023

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date