

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000259903

Entity Name: DAVIAN PLAY THERAPY LLC

Current Principal Place of Business:

10000 NW 80TH CT
2517
HIALEAH, FL 33016

Current Mailing Address:

10000 NW 80TH CT
2517
HIALEAH, FL 33016 US

FEI Number: 85-2805102

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PEREZ, LUCIA
10000 NW 80TH CT
2517
HIALEAH, FL 33016 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 OWNER
Name LUCIA PEREZ
Address 10000 NW 80TH CT
 2517
City-State-Zip: HIALEAH FL 33016

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: LUCIA PEREZ

OWNER

04/26/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date