

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000274714

Entity Name: BEATRIZ THERAPY SERVICES LLC

Current Principal Place of Business:

13417 SW 260TH LN
HOMESTEAD, FL 33032

Current Mailing Address:

13417 SW 260TH LN
HOMESTEAD, FL 33032

FEI Number: 85-2838409

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FEBLES, BEATRIZ
13417 SW 260TH LN
HOMESTEAD, FL 33032 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 P
Name FEBLES, BEATRIZ
Address 13417 SW 260TH LN
City-State-Zip: HOMESTEAD FL 33032

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: BEATRIZ FEBLES

PRESIDENT

01/19/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date