

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000006825

**Entity Name:** PROVISION THERAPY LLC

**Current Principal Place of Business:**

3250 DUNLEITH LN  
TALLAHASSEE, FL 32311

**Current Mailing Address:**

3250 DUNLEITH LN  
TALLAHASSEE, FL 32311

**FEI Number: 86-1442787**

**Certificate of Status Desired: No**

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

WEEKS, SHAWN  
3250 DUNLEITH LN  
TALLAHASSEE, FL 32550 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            SMW CONSULTING GROUP, LLC  
Address        3250 DUNLEITH LN  
City-State-Zip: TALLAHASSEE FL 32311

*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: SHAWN WEEKS**

**OWNER**

**05/01/2023**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date