

2021 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 DONAHUE, PHILIP
Address 318 HELEN CV
City-State-Zip: MADISON MS 39110

Title AMBR
Name DONAHUE, JENNIFER
Address 318 HELEN CV
City-State-Zip: MADISON MS 39110

Title AMBR
Name WEEKS, MICHELLE
Address 3250 DUNLEITH LN
City-State-Zip: TALLAHASSEE FL 32311

Title AMBR
Name WEEKS, SHAWN
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: PHILIP DONAHUE

MEMBER

01/29/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date