

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000028004

Entity Name: GUILLE THERAPIST, LLC.

Current Principal Place of Business:

14444 NW 87TH PL
MIAMI LAKES, FL 33018

Current Mailing Address:

14444 NW 87TH PL
MIAMI LAKES, FL 33018 US

FEI Number: 86-1794231

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CASAY, GUILLERMO
14444 NW 87TH PL
MIAMI LAKES, FL 33018 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 MGR
Name CASAY, GUILLERMO
Address 14444 NW 87TH PL
City-State-Zip: MIAMI LAKES FL 33018

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: GUILLERMO CASAY MARTINEZ

MANAGER

04/18/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date