

**2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L21000072984

**Entity Name:** GONZALO THERAPY, LLC

**Current Principal Place of Business:**

900 SW 84TH AVE APT 407  
MIAMI, FL 33144

**Current Mailing Address:**

900 SW 84TH AVE APT 407  
MIAMI, FL 33144

**FEI Number: 86-1742784**

**Certificate of Status Desired: No**

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

GONZALO, ROLANDO  
900 SW 84TH AVE APT 407  
MIAMI, FL 33144 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: ROLANDO GONZALO**

**01/10/2023**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name GONZALO, ROLANDO  
Address 900 SW 84TH AVE APT 407  
City-State-Zip: MIAMI FL 33144

*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: ROLANDO GONZALO**

**MGR**

**01/10/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date