

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000136668

**Entity Name:** BE FINE IV THERAPY LLC

**Current Principal Place of Business:**

5611 PLACE LAKE DR  
FORT PIERCE, AL 34951

**Current Mailing Address:**

4888 N. KINGS HIGHWAY #521  
FORT PIERCE, FL 34951 US

**FEI Number:** 86-2868487

**Certificate of Status Desired:** Yes

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

CHRISTIAN, BIANCA  
5611 PLACE LAKE DR  
FORT PIERCE, FL 34951 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            CEO  
Name            CHRISTIAN, BIANCA  
Address        5611 PLACE LAKE DR  
City-State-Zip: FORT PIERCE FL 34951

*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:** BIANCA CHRISTIAN

CEO

01/25/2023

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

\_\_\_\_\_ Date