2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2024
Secretary of State
2533355585CC

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Entity Name: BRIGHTSIDE THERAPY, LLC

Current Principal Place of Business:

535 ASTER DR.
DAVENPORT, FL 33897

Current Mailing Address:

535 ASTER DR.
DAVENPORT, FL 33897

FEI Number: 86-3581417

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARTINEZ, ISABELLA
535 ASTER DR
DAVENPORT, FL 33897 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	AR	Title	OFFICE ADMINISTRATOR
Name	MARTINEZ, ISABELLA	Name	URIBE LOPEZ, CAMILO
Address	535 ASTER DR	Address	535 ASTER DR.
City-State-Zip:	DAVENPORT FL 33897	City-State-Zip:	DAVENPORT FL 33897

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: ISABELLA MARTINEZ — AUTHORIZED REPRESENTATIVE — 04/02/2024

Electronic Signature of Signing Authorized Person(s) Detail — Date