

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000255137

Entity Name: SIGLER BEHAVIOR THERAPY LLC

Current Principal Place of Business:

655 SE 8 ST
HIALEAH, FL 33010

Current Mailing Address:

655 SE 8 ST
HIALEAH, FL 33010

FEI Number: 87-1020120

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SIGLER, XIOMARA
655 SE 8 ST
HIALEAH, FL 33010 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 SIGLER, XIOMARA
Address 655 SE 8 ST
City-State-Zip: HIALEAH FL 33010

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: XIOMARA SIGLER

04/01/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date