

**2023 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

AMBR

04/11/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date