2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2024
Secretary of State
8255095181CC

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Entity Name: HOMEGROWN THERAPY OF SWFL, LLC

Current Principal Place of Business:

12440 EAGLE PERCH LN
CAPE CORAL, FL 33909

Current Mailing Address:

12440 EAGLE PERCH LN
CAPE CORAL, FL 33909 US

FEI Number: 87-2271282

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THEOBALD, AFTON D
12440 EAGLE PERCH LN
CAPE CORAL, FL 33909 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	MGR
Name	CRAIG, JANIELLE N
Address	12440 EAGLE PERCH LN
City-State-Zip:	CAPE CORAL FL 33909

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: JANIELLE CRAIG OWNER 01/13/2024

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