

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000388362

Entity Name: SAY YES THERAPY AND WELLNESS, LLC

Current Principal Place of Business:

1809 E BROADWAY ST.
SUITE 406
OVIEDO, FL 32765

Current Mailing Address:

1809 E BROADWAY ST.
SUITE 406
OVIEDO, FL 32765 US

FEI Number: 88-1390771

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CABAN, GERYMARIE
3488 GERBER DAISY LN
OVIEDO, FL 32766 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	Title	MGR
Name	CABAN, GERYMARIE	Name	CABAN, PABLO
Address	3488 GERBER DAISY LN	Address	3488 GERBER DAISY LN
City-State-Zip:	OVIEDO FL 32766	City-State-Zip:	OVIEDO FL 32766

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: PABLO CABAN

MGR MBR

04/20/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date