

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000499104

Entity Name: PULY THERAPY PHYSICAL AND SPORT REHABILITATION

Current Principal Place of Business:

3905 SW 78TH CT
APT 205
MIAMI, FL 33155

Current Mailing Address:

3905 SW 78TH CT
APT 205
MIAMI, FL 33155 US

FEI Number: 87-3796597

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PULIDO CASTILLERO, CARLOS M
3905 SW 78TH CT
APT 205
MIAMI, FL 33155 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 P
Name PULIDO CASTILLERO, CARLOS M
Address 3905 SW 78TH CT
APT 205
City-State-Zip: MIAMI FL 33155

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: CARLOS M PULIDO CASTILLERO

PRESIDENT

03/11/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date