

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000042629

**Entity Name:** A.BENAVIDES THERAPY LLC

**Current Principal Place of Business:**

303 TIMBERLANE CIRCLE  
GREENACRES, FL 33463

**Current Mailing Address:**

303 TIMBERLANE CIRCLE  
GREENACRES, FL 33463 UN

**FEI Number:** 88-0551000

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FALCON, ALICIA E  
303 TIMBERLANE CIRCLE  
GREENACRES, FL 33463 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            AR  
Name            FALCON, ALICIA E  
Address        303 TIMBERLANE CIRCLE  
City-State-Zip: GREENACRES FL 33463

*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:** FALCON, ALICIA E

**MANAGER**

**01/22/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date