

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000050652

**Entity Name:** EDUCATION & THERAPY LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

1134 1ST ST S  
WINTER HAVEN, FL 33880

**Current Mailing Address:**

2003 BARTOW ROAD  
LAKELAND, FL 33801 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

UNITED STATES CORPORATION AGENTS, INC.  
476 RIVERSIDE AVE.  
JACKSONVILLE, FL 32202 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            HARRIS, SILAS S  
Address        1134 1ST ST S  
City-State-Zip: WINTER HAVEN FL 33880

Title            AMBR  
Name            MOORE, KIMBERLEE A  
Address        1134 1ST ST S  
City-State-Zip: WINTER HAVEN FL 33880

*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:** SILAS HARRIS

AMBR

04/11/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date