2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2025
Secretary of State
9058067315CC

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Entity Name: THE GROVE THERAPY SERVICES LLC

Current Principal Place of Business:

13475 ATLANTIC BLVD UNIT 8 SUIT M960
JACKSONVILLE, FL 32225

Current Mailing Address:

12189 DIAMOND SPRINGS DRIVE
JACKSONVILLE, FL 32246 US

FEI Number: 88-1013876

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAWTON, ISABEL
12189 DIAMOND SPRINGS DRIVE
JACKSONVILLE, FL 32246 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	MANAGER	Title	AUTHORIZED REPRESENTATIVE
Name	LAWTON, ISABEL	Name	LAWTON, JEFFREY
Address	12189 DIAMOND SPRINGS DRIVE	Address	12189 DIAMOND SPRINGS DRIVE
City-State-Zip:	JACKSONVILLE FL 32246	City-State-Zip:	JACKSONVILLE FL 32246

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: ISABEL LAWTON OWNER 02/16/2025

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