

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000074306

Entity Name: ART FLOW THERAPY LLC

Current Principal Place of Business:

2755 CURLEW DR #59
PALM HARBOR, FL 34684

Current Mailing Address:

1022 S SUMMIT VIEW DR
FORT COLLINS, CO 80524 US

FEI Number: 88-0896658

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WRAY, STEPHANIE
2755 CURLEW DR #59
PALM HARBOR, FL 34684 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 WRAY, STEPHANIE
Address 2755 CURLEW DR #59
City-State-Zip: PALM HARBOR FL 34684

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: STEPHANIE WRAY

AMBR

04/21/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date