

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000080659

Entity Name: MONTES DE OCA THERAPY, LLC

Current Principal Place of Business:

13235 SW 69TH ST
MIAMI, FL 33183

Current Mailing Address:

13235 SW 69TH ST
MIAMI, FL 33183 US

FEI Number: 88-0920110

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MONTES DE OCA, MADELIN
13235 SW 69TH ST
MIAMI, FL 33183 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 MONTES DE OCA, MADELIN
Address 13235 SW 69TH ST
City-State-Zip: MIAMI FL 33183

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: MADELIN MONTES DE OCA

04/03/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date