

**2023 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: No**

**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**

**MEMBER MANAGER**

**03/06/2023**

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

\_\_\_\_\_ Date