

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000197856

Entity Name: TRANSPARENT THERAPY, PLLC

Current Principal Place of Business:

190 SE 5TH AVENUE
APT. 461
DELRAY BEACH, FL 33483

Current Mailing Address:

190 SE 5TH AVENUE
APT. 461
DELRAY BEACH, FL 33483 US

FEI Number: 88-2344712

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RIVAS, JULIO C PHD
190 SE 5TH AVENUE
APT. 461
DELRAY BEACH, FL 33483 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 RIVAS, JULIO C
Address 190 SE 5TH AVENUE
 APT. 461
City-State-Zip: DELRAY BEACH FL 33483

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: JULIO RIVAS

OWNER

04/30/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date