

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000263847

Entity Name: SOSA BEHAVIORAL THERAPY LLC

Current Principal Place of Business:

800 NE 12 AVE
APT B 209
HOMESTEAD, FL 33030

Current Mailing Address:

800 NE 12 AVE
APT B 209
HOMESTEAD, FL 33030

FEI Number: 88-2814865

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SOSA LORENZO, YANELIS MRS
800 NE 12 AVE
APT B 209
HOMESTEAD, FL 33030 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 MGR
Name LORENZO, YANELIS S
Address 800 NE 12 AVENUE APT B209
City-State-Zip: HOMESTEAD FL 33030

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: YANELIS SOSA LORENZO

MGR

02/23/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date