

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000292172

**Entity Name:** THROUGH THERAPY LLC

**Current Principal Place of Business:**

12535 S PARKLAND BAY TRAIL  
PARKLAND, FL 33076

**Current Mailing Address:**

12535 S PARKLAND BAY TRAIL  
PARKLAND, FL 33076

**FEI Number:** 88-3279728

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CARVAJAL, STEPHANIE  
12535 S PARKLAND BAY TRAIL  
PARKLAND, FL 33076 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 AP  
Name CARVAJAL, STEPHANIE LCSW  
Address 12535 S PARKLAND BAY TRAIL  
City-State-Zip: PARKLAND FL 33076

*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 LCSW CARVAJAL

AP

05/01/2025

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

\_\_\_\_\_  
Date