

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000410493

**Entity Name:** FRANKO PHYSICAL THERAPY LLC

**Current Principal Place of Business:**

1000 W HORATIO ST  
APT 323  
TAMPA, FL 33606

**Current Mailing Address:**

1000 W HORATIO ST  
APT 323  
TAMPA, FL 33606

**FEI Number:** 88-4281246

**Certificate of Status Desired:** No

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

FRANKO, SYDNEY  
1000 W HORATIO ST  
APT. 323  
TAMPA, FL 33606 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            FRANKO, SYDNEY  
Address        1000 W HORATIO ST. APT #323  
City-State-Zip: TAMPA FL 33606

*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:** SYDNEY FRANKO

**MANAGER**

**03/25/2023**

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

\_\_\_\_\_  
Date