

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000007622

**Entity Name:** THE THERAPY CORNER LLC

**Current Principal Place of Business:**

9780 QUAYE SIDE DRIVE #112  
WELLINGTON, FL 33411

**Current Mailing Address:**

9780 QUAYE SIDE DRIVE #112  
WELLINGTON, FL 33411 US

**FEI Number:** 92-1880714

**Certificate of Status Desired:** No

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

GASKIN, ANISSA B  
5980 NW 55TH LANE  
TAMARAC, FL 33319 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 GASKIN, ANISSA B  
Address 5980 NW 55TH LANE  
City-State-Zip: TAMARAC FL 33319

*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:** ANISSA GASKIN

MGR

04/25/2025

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

\_\_\_\_\_  
Date