

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000045873

**Entity Name:** ANA RODRIGUEZ THERAPY, LLC

**Current Principal Place of Business:**

9100 BELVEDERE RD  
SUITE 209  
WEST PALM BEACH, FL 33411

**Current Mailing Address:**

9100 BELVEDERE RD  
SUITE 209  
WEST PALM BEACH, FL 33411 US

**FEI Number:** 87-1740992

**Certificate of Status Desired:** No

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

RODRIGUEZ, ANA M  
2442 SHOMA DR.  
WELLINGTON, FL 33414 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 AR  
Name RODRIGUEZ, ANA M  
Address 2442 SHOMA DR.  
City-State-Zip: WELLINGTON FL 33414

*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:** ANA MARIA RODRIGUEZ

**REGISTERED AGENT**

**04/30/2024**

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

\_\_\_\_\_  
Date