

2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L23000154637

Entity Name: BEHAVIORAL SUPPORT THERAPY LLC

Current Principal Place of Business:

7380 W SAND LAKE RD SUITE 500
ORLANDO, FL 32819

Current Mailing Address:

7380 W SAND LAKE RD SUITE 500
ORLANDO, FL 32819 US

FEI Number: 92-3286831

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALMANZA, PRISCILLA
8140 CARAWAY DR
ORLANDO, FL 32819 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 ALMANZA, PRISCILLA
Address 8140 CARAWAY DR
City-State-Zip: ORLANDO FL 32819

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: PRISCILLA ALMANZA

OWNER

09/05/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date