

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000180950

**Entity Name:** MONTES DE OCA THERAPY SERVICES LLC

**Current Principal Place of Business:**

2100 SPRINGDALE BLVD  
APT Y301  
PALM SPRINGS, FL 33461

**Current Mailing Address:**

2100 SPRINGDALE BLVD  
APT Y301  
PALM SPRINGS, FL 33461

**FEI Number:** 92-3517090

**Certificate of Status Desired:** No

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

RODRIGUEZ, YOYSEL  
2100 SPRINGDALE BLVD.  
APT Y301  
PALM SPRINGS, FL 33461 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            RODRIGUEZ, YOYSEL  
Address        2100 SPRINGDALE BLVD.  
City-State-Zip: APT Y301 FL 33461

*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:** YOYSEL RODRIGUEZ

**MGR**

**02/10/2024**

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

\_\_\_\_\_  
Date