

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000274043

Entity Name: LEVELING UP THERAPY LLC

Current Principal Place of Business:

313 MONTICELLO COURT
ST JOHNS, FL 32259

Current Mailing Address:

313 MONTICELLO COURT
ST JOHNS, FL 32259 US

FEI Number: 93-2095489

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ANNAL, DANIELLE S
313 MONTICELLO COURT
ST JOHNS, FL 32259 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 ANNAL, DANIELLE S
Address 313 MONTICELLO COURT
City-State-Zip: ST JOHNS FL 32259

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: DANIELLE ANNAL

03/06/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date