

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000367691

Entity Name: JACS THERAPY LLC

Current Principal Place of Business:

8265 NW 186TH ST
APT 905
HIALEAH, FL 33015

Current Mailing Address:

8265 NW 186TH ST
APT 905
HIALEAH, FL 33015 US

FEI Number: 93-2795767

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OJEDA, JESSENIA D
8265 NW 186TH ST
APT 905
HIALEAH, FL 33015 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 OJEDA, JESSENIA D
Address 8265 NW 186TH ST APT 905
City-State-Zip: HIALEAH FL 33015

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: JESSENIA OJEDA

04/21/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date