

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000478083

Entity Name: MIDDLEWAY THERAPY LLC

Current Principal Place of Business:

2500 QUANTUM LAKES DRIVE
SUITE 203
BOYNTON BEACH, FL 33426

Current Mailing Address:

2500 QUANTUM LAKES DRIVE
SUITE 203
BOYNTON BEACH, FL 33426 US

FEI Number: 93-4012526

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DE BORCHGRAVE, SAMANTHA S
1237 VIA FATINI
BOYNTON BEACH, FL 33426 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 MANAGER
Name DE BORCHGRAVE, SAMANTHA S
Address 1237 VIA FATINI
City-State-Zip: BOYNTON BEACH FL 33426

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: SAMANTHA S DE BORCHGRAVE

MANAGER

04/19/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date