

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000498569

Entity Name: STRONG ROOTS THERAPY L.L.C.

Current Principal Place of Business:

2584 HEREFORD ROAD
MELBOURNE, FL 32935

Current Mailing Address:

2584 HEREFORD ROAD
MELBOURNE, FL 32935 US

FEI Number: 93-4266406

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GARRITY, MELISSA
2584 HEREFORD ROAD
MELBOURNE, FL 32935 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 OWNER
Name GARRITY, MELISSA
Address 2584 HEREFORD ROAD
City-State-Zip: MELBOURNE FL 32935

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: MELISSA GARRITY

OWNER

03/16/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date