

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L24000023217

**Entity Name:** ECO THERAPIES, LLC

**Current Principal Place of Business:**

8659 SW 124 AVE  
SUITE 14  
MIAMI, 33183

**Current Mailing Address:**

15963 SW 2ND STREET  
PEMBROKE PINES, FL 33027 UN

**FEI Number:** 33-4833891

**Certificate of Status Desired:** No

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

RIVAS, ANA Y  
15963 SW 2ND STREET  
PEMBROKE PINES, FL 33027 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 P  
Name LEON, JOSE I  
Address 15963 SW 2ND STREET  
City-State-Zip: PEMBROKE PINES FL 33027

Title VP  
Name RIVAS, ANA Y  
Address 15963 SW 2ND STREET  
City-State-Zip: PEMBROKE PINES FL 33027

*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:** ANA RIVAS

VP

04/28/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date