

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L24000106821

Entity Name: SOLUTION FOCUSED THERAPY,LLC

Current Principal Place of Business:

2000 METROPICA WAY
APT. 2007
SUNRISE, FL 33323

Current Mailing Address:

2000 METROPICA WAY
APT. 2007
SUNRISE, FL 33323 US

FEI Number: 33-1664340

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WAINWRIGHT, SY
2000 METROPICA WAY UNIT 2007
SUNRISE, FL 33323 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 AR
Name WAINWRIGHT, SY
Address 2000 METROPICA WAY UNIT 2007
City-State-Zip: SUNRISE FL 33323

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: SY WAINWRIGHT

02/24/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date