

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L24000343795

**Entity Name:** GUIDING GROWTH THERAPY LLC

**Current Principal Place of Business:**

802 NW 16TH AVE  
SUITE B  
GAINESVILLE, FL 32601

**Current Mailing Address:**

6527 SE 232ND TER  
HAWTHORNE, FL 32640 UN

**FEI Number:** 99-4638489

**Certificate of Status Desired:** Yes

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

CULPEPPER, MIMI L  
802 NW 16TH AVE  
SUITE B  
GAINESVILLE, FL 32601 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            CEO  
Name            CULPEPPER, MIMI L  
Address        6527 SE 232ND TER  
City-State-Zip: HAWTHORNE FL 32640

*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:** MIMI CULPEPPER

CEO

01/09/2025

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date