

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L24000351761

**Entity Name:** BRIGHT PATHWAY THERAPY, LLC

**Current Principal Place of Business:**

4324 SW 148TH PLACE  
MIAMI, FL 33185

**Current Mailing Address:**

4324 SW 148TH PLACE  
MIAMI, FL 33185

**FEI Number:** 99-4521483

**Certificate of Status Desired:** No

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

BENITEZ ALBA, GEIDY  
4324 SW 148TH PLACE  
MIAMI, FL 33185 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            AMBR  
Name            BENITEZ ALBA, GEIDY  
Address        4324 SW 148TH PLACE  
City-State-Zip: MIAMI FL 33185

Title            AP  
Name            FUSTES ALVAREZ, RAUL  
Address        4324 SW 148TH PLACE  
City-State-Zip: MIAMI FL 33185

*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:** GEIDY BENITEZ ALBA

02/12/2025

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

\_\_\_\_\_  
Date