

**2026 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L25000370901

**Entity Name:** SPECTRUM SOLUTIONS THERAPY LLC

**Current Principal Place of Business:**

26290 EXPLORER ROAD  
PUNTA GORDA, FL 33983

**Current Mailing Address:**

26290 EXPLORER ROAD  
PUNTA GORDA, FL 33983 US

**FEI Number: 39-3848292**

**Certificate of Status Desired: No**

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

VALDES RODRIGUEZ, DANIELA D  
26290 EXPLORER ROAD  
PUNTA GORDA, FL 33983 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 MGR  
Name VALDES RODRIGUEZ, DANIELA D  
Address 26290 EXPLORER ROAD  
City-State-Zip: PUNTA GORDA FL 33983

*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: DANIELA D VALDES RODRIGUEZ**

**MGR**

**04/30/2026**

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

\_\_\_\_\_ Date