2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2025
Secretary of State
7183300577CC

DOCUMENT# M07000005449

Entity Name: FUNCTIONAL FAMILY THERAPY LLC

Current Principal Place of Business:

3490 PIEDMONT RD NE
SUITE 304
ATLANTA, GA 30305

Current Mailing Address:

3490 PIEDMONT RD NE
SUITE 304
ATLANTA, GA 30305 US

FEI Number: 88-0419448

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COGENCY GLOBAL INC
115 NORTH CALHOUN ST., SUITE 4
TALLAHASSEE, FL 32301 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	MANAGER, CFO, SECRETARY
Name	BENESH, MARC
Address	3490 PIEDMONT RD NE SUITE 304
City-State-Zip:	ATLANTA GA 30305

Title	OWNER
Name	EMPOWER INTERMEDIATE HOLDCO, LLC
Address	3490 PIEDMONT RD NE SUITE 304
City-State-Zip:	ATLANTA GA 30305

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: MR MARC BENESH CFO & SECRETARY 04/18/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date