

2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M21000016222

Entity Name: KYO AUTISM THERAPY, LLC

Current Principal Place of Business:

295 89 ST STE 306
DALY CITY, CA 94015

Current Mailing Address:

295 89 ST STE 306
DALY CITY, CA 94015

FEI Number: 20-3659481

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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 MBR
Name DAVITIAN, COLIN
Address 295 89 ST STE 306
City-State-Zip: DALY CITY CA 94015

Title MGR
Name GERBER, ROBERT
Address 295 89 ST STE 306
City-State-Zip: DALY CITY CA 94015

Title MBR
Name WILLA, MELISSA
Address 295 89 ST STE 306
City-State-Zip: DALY CITY CA 94015

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: ROBERT GERBER

CFO

04/14/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date