

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000274892

Entity Name: HE BEHAVIOR THERAPY, LLC

Current Principal Place of Business:

3821 SW 90 AVE
MIAMI, FL 33165

Current Mailing Address:

3821 SW 90 AVE
MIAMI, FL 33165 US

FEI Number: 87-1214210

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ESPIN, HANSEL
3821 SW 90 AVE
MIAMI, FL 33165 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 ESPIN, HANSEL
Address 3821 SW 90 AVE
City-State-Zip: MIAMI FL 33165

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: HANSEL ESPIN

MG

01/12/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date