

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000196962

Entity Name: IMPROVED BEHAVIOR THERAPY LLC

Current Principal Place of Business:

10631 N KENDALL DR
SUITE 150
MIAMI, FL 33176

Current Mailing Address:

10631 N KENDALL DR
SUITE 150
MIAMI, FL 33176 US

FEI Number: 88-2310196

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOIPA FERNANDEZ
12985 NW 8TH LN
MIAMI, FL 33182 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 LOIPA FERNANDEZ
Address 12985 NW 8TH LN
City-State-Zip: MIAMI FL 33182

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: LOIPA FERNANDEZ

OWNER

02/16/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date