

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000255013

**Entity Name:** BLOOMING LOTUS THERAPY SERVICES LLC

**Current Principal Place of Business:**

7065 NW 173RD DR  
APT 2306  
HIALEAH, FL 33015

**Current Mailing Address:**

7065 NW 173RD DR  
APT 2306  
HIALEAH, FL 33015

**FEI Number:** 93-1548247

**Certificate of Status Desired:** No

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

ARROYO, JOSMARI  
7065 NW 173RD DR  
APT 2306  
HIALEAH, FL 33015 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 ARROYO, JOAMARI  
Address 7065 NW 173RD DR APT 2306  
City-State-Zip: HIALEAH FL 33015

*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:** JOAMARI ARROYO

MGR

04/18/2024

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

\_\_\_\_\_  
Date