

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000259495

**Entity Name:** MAGIC SUNFLOWER BEHAVIOR THERAPY LLC

**Current Principal Place of Business:**

12785 NORTHWEST 8TH LANE  
MIAMI, FL 33182

**Current Mailing Address:**

12785 NW 8 LANE  
MIAMI , FL 33182 US

**FEI Number:** 93-1986324

**Certificate of Status Desired:** No

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

GONZALEZ MONZON, EMISNEY  
12785 NW 8 LANE  
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 MGR  
Name GONZALEZ MONZON, EMISNEY  
Address 12785 NW 8 LANE  
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:** EMISNEY GONZALEZ MONZON

**MANAGER**

**04/14/2024**

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

\_\_\_\_\_  
Date