



202463913367



California Secretary of State 1500 11th Street Sacramento, California 95814 (916) 657-5448 For Office Use Only

-FILED-

File No.: 202463913367 Date Filed: 9/19/2024

Limited Liability Company Name Limited Liability Company Name	Heal Therapy Center, LLC
Initial Street Address of Principal Office of LLC	
Principal Address	390 RIO LINDO AVE
	34
	CHICO, CA 95926
Initial Mailing Address of LLC	
Mailing Address	390 RIO LINDO AVE
	34 CHICO, CA 95926
Attention	G11166, G11 33323
Agent for Service of Process	
Agent Name	Maribel Bravo Ibarra
Agent Address	390 RIO LINDO AVE
	34
	CHICO, CA 95926
Purpose Statement	
	is to engage in any lawful act or activity for which a limited liability rnia Revised Uniform Limited Liability Company Act.
Management Structure	
The LLC will be managed by	One Manager
Additional information and signatures set for made part of this filing.	th on attached pages, if any, are incorporated herein by reference and
Electronic Signature	
By signing, I affirm under penalty of perjury California law to sign.	y that the information herein is true and correct and that I am authorized by
Maribel B Ibarra	09/19/2024