

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000109705

Entity Name: ONSHORE THERAPY, PLC

Current Principal Place of Business:

92410 OVERSEAS HIGHWAY
SUITE 6
TAVERNIER, FL 33070

Current Mailing Address:

92410 OVERSEAS HIGHWAY
SUITE 6
TAVERNIER, FL 33070

FEI Number: 90-0398038

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CROCKETT, LEANN D
92410 OVERSEAS HIGHWAY
SUITE 6
TAVERNIER, FL 33070 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 MGRM
Name CROCKETT, LEANN D
Address 92410 OVERSEAS HIGHWAY SUITE 6
City-State-Zip: TAVERNIER FL 33070

Title S
Name CROCKETT, CLAY C
Address 113 SOUTH HAMMOCK ROAD
City-State-Zip: ISLAMORADA FL 33070

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: LEANN CROCKETT

OWNER

01/02/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date