

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000106132

Entity Name: SENSATIONAL KIDS THERAPY, PLLC

Current Principal Place of Business:

1851 GOLDEN EAGLE WAY
STE # 43
FLEMING ISLAND, FL 32003

Current Mailing Address:

1851 GOLDEN EAGLE WAY
SUITE 43
FLEMING ISLAND, FL 32003 US

FEI Number: 26-3714906

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NORTHWEST REGISTERED AGENT, LLC
3030 N ROCKY POINT DR
STE 150A
TAMPA, FL 33607 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 ROGERS, GORDY
Address 403 BERGEN ST APT 2
City-State-Zip: BROOKLYN NY 11217

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: GORDY ROGERS

CO-OWNER

04/24/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date