

2015 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:

4829 INNISBROOK CT. S.
ELKTON, FL 32033

FEI Number: 26-3714906

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

AUGUST, AMANDA
4829 INNISBROOK CT. S.
ELKTON, FL 32033 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	Title	MGRM
Name	HEATHER CARRAWAY	Name	AMANDA AUGUST
Address	7696 ENDERBY AVE E.	Address	4829 INNISBROOK CT. S.
City-State-Zip:	JACKSONVILLE FL 32244	City-State-Zip:	ELKTON FL 32033

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: HEATHER CARRAWAY

CO-OWNER

04/06/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date