

**2017 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**

**04/08/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date