

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000103840

Entity Name: THERAPY TIME, LLC

Current Principal Place of Business:

18350 NW 2 AVE
SUITE 624
MIAMI GARDENS, FL 33169

Current Mailing Address:

18350 NW 2 AVE
SUITE 624
MIAMI GARDENS, FL 33169 US

FEI Number: 27-1205858

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HILL, ALVIN
18350 NW 2 AVE
SUITE 624
MIAMI GARDENS, FL 33169 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: ALVIN HILL

04/28/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name HILL, ALVIN
Address 18350 NW 2 AVE
SUITE 624
City-State-Zip: MIAMI GARDENS FL 33169

Title PRESIDENT
Name ALVIN HILL
Address 18350 NW 2 AVE
SUITE 624
City-State-Zip: MIAMI GARDENS FL 33169

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: ALVIN HILL

PRESIDENT

04/28/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date