

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000024482

**Entity Name:** SENSORY SOLUTIONS SARASOTA, LLC

**Current Principal Place of Business:**

5045 FRUITVILLE RD.  
STE 145  
SARASOTA, FL 34232

**Current Mailing Address:**

5045 FRUITVILLE RD.  
STE 145  
SARASOTA, FL 34232

**FEI Number:** 80-0587602

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KIELLACH, JENNIFER  
7005 SCRUB JAY WAY  
BRADENTON, FL 34203 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 KIELLACH, JENNIFER  
Address 5045 FRUITVILLE RD., STE 145  
City-State-Zip: SARASOTA FL 34232

*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:** JENNIFER KIELLACH

**OWNER/DIRECTOR**

**04/29/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date