

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000068865

**Entity Name:** SENSORY PROCESSING DISORDER PRODUCTS, LLC

**Current Principal Place of Business:**

11399 60TH TERRACE  
SEMINOLE, FL 33772

**FILED**  
**Apr 22, 2016**  
**Secretary of State**  
**CC2882353020**

**Current Mailing Address:**

11399 60TH TERRACE  
SEMINOLE, FL 33772 US

**FEI Number: 27-2939335**

**Certificate of Status Desired: No**

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

QUICK-MCCROSKY, JILL D  
11399 60TH TERRACE  
SEMINOLE, FL 33772 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 MGR  
Name QUICK-MCCROSKY, JILL D  
Address 11147 57TH AVE  
City-State-Zip: SEMINOLE FL 33772

Title MGR  
Name PERRY, JUDY K  
Address 11399 60TH TERRACE NORTH  
City-State-Zip: SEMINOLE FL 33772

*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: JILL QUICK-MCCROSKY**

**MANAGER**

**04/22/2016**

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

\_\_\_\_\_  
Date