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.

MGR

SIGNATURE: JILL QUICK-MCCROSKY

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

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

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.

iness:

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: SENSORY PROCESSING DISORDER PRODUCTS, LLC

11147 57TH AVE SEMINOLE, FL 33772

Current Mailing Address:

DOCUMENT# L10000068865

11147 57TH AVE SEMINOLE, FL 33772

FEI Number: 27-2939335

Name and Address of Current Registered Agent:

QUICK-MCCROSKY, JILL D 11147 57TH AVE SEMINOLE, FL 33772 US FILED Mar 06, 2014 Secretary of State CC5210550323

Date

Certificate of Status Desired: No

03/06/2014 Date