

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000006430

Entity Name: NEW TRANSITION THERAPY LLC

Current Principal Place of Business:

400 39TH AVE S
ST PETERSBURG, FL 33705

Current Mailing Address:

400 39TH AVE S
ST PETERSBURG, FL 33705 US

FEI Number: 27-4570233

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BYRNES, TRISTAN W
400 39TH AVE S
ST PETERSBURG, FL 33705 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 BYRNES, TRISTAN W
Address 400 39TH AVE S
City-State-Zip: ST PETERSBURG FL 33705

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: TRISTAN BYRNES

MANAGER

03/10/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date