

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000026733

FILED
Feb 16, 2018
Secretary of State
CC8391055675

Entity Name: LOVELL-GLASER BEHAVIOR THERAPY LLC

Current Principal Place of Business:

2675 HORSESHOE DR. S.
STE 404
NAPLES, FL 34104

Current Mailing Address:

2675 HORSESHOE DR. S.
STE 404
NAPLES, FL 34104 US

FEI Number: 27-5311819

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EVANS, JAMES
2675 HORSESHOE DR. S.
STE 404
NAPLES, FL 34104 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: JAMES EVANS

02/16/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER
Name EVANS, JAMES
Address 2675 HORSESHOE DR. S.
STE 404
City-State-Zip: NAPLES FL 34104

Title AUTHORIZED MEMBER
Name EVANS, JON
Address 8237 VICELA DR
City-State-Zip: SARASOTA FL 34240

Title AUTHORIZED MEMBER
Name EVANS, JAMES C
Address 2675 HORSESHOE DR. S.
STE 404
City-State-Zip: NAPLES FL 34104

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: JAMES EVANS

MEMBER

02/16/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date