

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000005736

Entity Name: ANN MARIE NIELSEN, PH.D., LLC

Current Principal Place of Business:

518 RIVERSIDE DRIVE
TARPON SPRINGS, FL 34689

Current Mailing Address:

PO BOX 1760
TARPON SPRINGS, FL 34688 US

FEI Number: 45-4238599

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NIELSEN, ANN MARIE
518 RIVERSIDE DRIVE
TARPON SPRINGS, FL 34689 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 NIELSEN, ANN MARIE
Address POST OFFICE BOX 1760
City-State-Zip: TARPON SPRINGS FL 34688

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: ANN MARIE NIELSEN

MGR

04/30/2018

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date