

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000005736

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

**Current Principal Place of Business:**

10133 GULF BLVD  
#B  
TREASURE ISLAND, FL 33706

**Current Mailing Address:**

10133 GULF BLVD  
#B  
TREASURE ISLAND, FL 33706 US

**FEI Number:** 45-4238599

**Certificate of Status Desired:** No

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

NIELSEN, ANN MARIE  
10133 GULF BLVD  
#B  
TREASURE ISLAND, FL 33706 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 10133 GULF BLVD  
#B  
City-State-Zip: TREASURE ISLAND FL 33706

*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:** DR. ANN MARIE NIELSEN, PH.D.

**PARTNER**

**04/28/2015**

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

\_\_\_\_\_  
Date