# 2019 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

### 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

## 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

MGRM

04/24/2019 Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 24, 2019 Secretary of State 3352488025CC

Certificate of Status Desired: No

Date