

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000063405

Entity Name: KATE JONES: MARRIAGE AND FAMILY THERAPY LLC.

Current Principal Place of Business:

502A SOUTH FERDON BLVD
CRESTVIEW, FL 32536

Current Mailing Address:

6120, EVERGREEN PARKWAY
CRESTVIEW, FL 32539

FEI Number: 46-2646563

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GIORDANO, EMMA K
1, FLORA COVE
CRESTVIEW, FL 32539 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 JONES, KATHRYN J
Address 6120, EVERGREEN PARKWAY
City-State-Zip: CRESTVIEW FL 32539

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: KATHRYN JONES

MGRM

03/07/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date