

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000069185

**Entity Name:** DR. NANCY CRUCE, LLC

**Current Principal Place of Business:**

815 ORIENTA AVE  
1010  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

2132 ARBOR PARK DRIVE  
WINTER PARK, FL 32789 US

**FEI Number:** 34-3467910

**Certificate of Status Desired:** No

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

CRUCE, NANCY E  
2132 ARBOR PARK DRIVE  
WINTER PARK, FL 32789 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            AUTHORIZED MEMBER  
Name            DR. NANCY CRUCE  
Address        815 ORIENTA AVE  
                  1010  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

*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. NANCY CRUCE

PSYCHOLOGIST

04/07/2014

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

\_\_\_\_\_  
Date