

2017 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

LICENSED
PSYCHOLOGIST

04/20/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date