

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000145607

Entity Name: LEARNING TOGETHER THERAPY SERVICES, LLC

Current Principal Place of Business:

13253 HAVERHILL DRIVE
SPRING HILL, FL 34609

Current Mailing Address:

13253 HAVERHILL DRIVE
SPRING HILL, FL 34609

FEI Number: 46-3883094

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OSSABA-QUIROZ, LAKSMY M
13253 HAVERHILL DRIVE
SPRING HILL, FL 34609 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 OSSABA QUIROZ, LAKSMY M
Address 13253 HAVERHILL DR
City-State-Zip: SPRING HILL FL 34609

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: LAKSMY OSSABA QUIROZ

OWNER

04/23/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date