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 M OSSABA QUIROZ

Electronic Signature of Signing Authorized Person(s) Detail

Name and Address of Current Registered Agent:

OSSABA-QUIROZ, LAKSMY M 9018 PEMBERTON ST SPRING HILL, FL 34608 US

FEI Number: 46-3883094

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	Title	AUTHORIZED MEMBER
Name	OSSABA QUIROZ, LAKSMY M	Name	QUIROZ, ROBERTO FERNANDO
Address	9018 PEMBERTON ST	Address	9018 PEMBERTON ST
City-State-Zip:	SPRING HILL FL 34608	City-State-Zip:	SPRING HILL FL 34608

OWNER

Certificate of Status Desired: No

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000145607

Entity Name: LEARNING TOGETHER THERAPY SERVICES, LLC

Current Principal Place of Business:

9018 PEMBERTON STREET SPRING HILL, FL 34608

Current Mailing Address:

9018 PEMBERTON STREET SPRING HILL, FL 34608 US

Date

04/05/2019

FILED Apr 05, 2019 Secretary of State 5115309780CC

Date