

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000030627

**Entity Name:** HEUN COMPREHENSIVE PSYCHOLOGICAL SERVICES, LLC

**Current Principal Place of Business:**

2909 WEST BAY TO BAY BLVD.  
SUITE 200  
TAMPA, FL 33629

**Current Mailing Address:**

2909 WEST BAY TO BAY BLVD.  
SUITE 200  
TAMPA, FL 33629 US

**FEI Number:** 46-4877508

**Certificate of Status Desired:** No

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

HEUN, SHANNA B DR  
2909 WEST BAY TO BAY BLVD.  
SUITE 200  
TAMPA, FL 33629 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 AMBR  
Name HEUN, SHANNA B DR  
Address 912 CHANNELSIDE DR APT 2414  
City-State-Zip: TAMPA FL 33602

Title AMBR  
Name HEUN, TYLER J  
Address 912 CHANNELSIDE DR APT 2414  
City-State-Zip: TAMPA FL 33602

*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:** SHANNA B. HEUN

**OWNER**

**02/21/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date