

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000085177

Entity Name: KASPER COUPLE & FAMILY THERAPY LLC

Current Principal Place of Business:

4300 BAYOU BLVD STE 21
PENSACOLA, FL 32503

Current Mailing Address:

4300 BAYOU BLVD STE 21
PENSACOLA, FL 32503 US

FEI Number: 46-5754791

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DURST JORDAN, CPA, PA
4459-B HIGHWAY 90
PACE, FL 32571 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 KASPER, MOLLY
Address 4300 BAYOU BLVD STE 21
City-State-Zip: PENSACOLA FL 32503

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: MOLLY KASPER

OWNER

04/04/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date