

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000114932

**Entity Name:** TIFFANY CHENNEVILLE, PH.D., LLC

**Current Principal Place of Business:**

9800 4TH STREET NORTH  
SUITE 200  
ST. PETERSBURG, FL 33702

**Current Mailing Address:**

1212 15TH STREET NORTH  
ST. PETERSBURG, FL 33705

**FEI Number:** 47-1399497

**Certificate of Status Desired:** No

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

CHENNEVILLE, TIFFANY PHD  
1212 15TH STREET NORTH  
ST. PETERSBURG, FL 33705 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 MGR  
Name CHENNEVILLE, TIFFANY PH.D.  
Address 1212 15TH STREET NORTH  
City-State-Zip: ST. PETERSBURG FL 33705

*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:** TIFFANY CHENNEVILLE

LICENSED  
PSYCHOLOGIST PY6794

01/31/2023

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date