## 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000127657

Entity Name: BLUE SKIES THERAPY SERVICES LLC

**Current Principal Place of Business:** 

1709 NORTH J TERRACE LAKE WORTH, FL 33460

**Current Mailing Address:** 

1709 NORTH J TERRACE LAKE WORTH, FL 33460 US

FEI Number: 47-1596987 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BARTRAM, MONA 1709 NORTH J TERRACE LAKE WORTH, FL 33460 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

FILED Feb 03, 2016

**Secretary of State** 

CC7799159202

## Authorized Person(s) Detail:

Title MGR

Name BARTRAM, MONA

Address 1709 NORTH J TERRACE City-State-Zip: LAKE WORTH FL 33460

SIGNATURE: MONA BARTRAM

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.

Electronic Signature of Signing Authorized Person(s) Detail

MANAGER

02/03/2016

Date