

**2015 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

**Authorized Person(s) Detail :**

Title MGR  
Name BARTRAM, MONA  
Address 1709 NORTH J TERRACE  
City-State-Zip: LAKE WORTH FL 33460

*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:** MONA BARTRAM

**MANAGER**

**01/20/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date