

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000159367

**Entity Name:** THERAPEUTIC CONNECTIONS LLC.

**Current Principal Place of Business:**

500 MAIN STREET  
SUITE J  
SAFETY HARBOR, FL 34695

**Current Mailing Address:**

500 MAIN STREET  
SUITE J  
SAFETY HARBOR, FL 34695 US

**FEI Number:** 47-2048774

**Certificate of Status Desired:** No

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

DIMARCO AND ASSOCIATES, CPAS  
220 PINE AVENUE NORTH  
OLDSMAR, FL 34677 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:** ROBERT DIMARCO

02/04/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MANAGER
Name	HOUSTON, CAROL GARNER	Name	SHANE, LARA GARNER
Address	123 CHAPMAN STREET	Address	253 IRON AGE STREET
City-State-Zip:	SANTA ROSA BEACH FL 32459	City-State-Zip:	SAFETY HARBOR FL 34695

*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:** LARA SHANE

CEO

02/04/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date