Current Mail	ling Address:			
P.O. BOX 14 SAFETY HA	36 RBOR, FL 34695 US			
FEI Number: 47-2048774			Certificate of Status Desired: No	
Name and Address of Current Registered Agent:				
SHANE, LARA ( 253 IRON AGE SAFETY HARB(				
The above named	l entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both, in the State of Flo	orida.
	l entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both, in the State of Flo	orida. 02/09/2017
		tered office or regis	tered agent, or both, in the State of Flo	
SIGNATURE	LARA GARNER SHANE	tered office or regis	tered agent, or both, in the State of Flo	02/09/2017
SIGNATURE	Electronic Signature of Registered Agent	tered office or regis	tered agent, or both, in the State of Flo	02/09/2017
SIGNATURE	ELARA GARNER SHANE Electronic Signature of Registered Agent Person(s) Detail :			02/09/2017
SIGNATURE Authorized I	Electronic Signature of Registered Agent Person(s) Detail : MGR HOUSTON, CAROL GARNER 210 CHRISTIAN DRIVE	Title	MANAGER	02/09/2017

## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000159367

SANTA ROSA BEACH, FL 32459

UNIT 9

Entity Name: THERAPEUTIC CONNECTIONS LLC.

## **Current Principal Place of Business:**

## 1394 COUNTY HIGHWAY 283 SOUTH

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.

CEO SIGNATURE: LARA GARNER SHANE

Electronic Signature of Signing Authorized Person(s) Detail

FILED Feb 09, 2017 **Secretary of State** CC0476212720

> 02/09/2017 Date