

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000159367

**Entity Name:** THERAPEUTIC CONNECTIONS LLC.

**Current Principal Place of Business:**

1394 COUNTY HIGHWAY 283 SOUTH  
UNIT 9  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

P.O. BOX 1436  
SAFETY HARBOR, FL 34695 US

**FEI Number:** 47-2048774

**Certificate of Status Desired:** No

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

SHULTZ, CHAD  
1450 FLAGLER AVE.  
SUITE 2  
JACKSONVILLE, FL 32207 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:** CHAD SHULTZ

03/06/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name HOUSTON, CAROL GARNER  
Address 210 CHRISTIAN DRIVE  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title MANAGER  
Name SHANE, LARA GARNER  
Address 253 IRON AGE STREET  
UNIT 9  
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:** CAROL HOUSTON

**MEMBER**

03/06/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date