

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000159367

FILED
Feb 11, 2019
Secretary of State
3439803216CC

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

02/11/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name HOUSTON, CAROL GARNER
Address 123 CHAPMAN STREET
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: LARA SHANE

MANAGER

02/11/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date