

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000067112

**Entity Name:** SENSORY FRIENDS, LLC

**Current Principal Place of Business:**

8700 PERSEA COURT  
TRINITY, FL 34655

**FILED**  
**Apr 20, 2017**  
**Secretary of State**  
**CC8339234385**

**Current Mailing Address:**

PO BOX 263  
ELFERS, FL 34680 US

**FEI Number: 47-3757276**

**Certificate of Status Desired: Yes**

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

GOULBOURNE, CHRISTINE L  
8700 PERSEA COURT  
TRINITY, FL 34655 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	AMBR	Title	AMBR
Name	GOULBOURNE, CHRISTINE L	Name	GOULBOURNE, KIRK B
Address	PO BOX 263	Address	PO BOX 263
City-State-Zip:	ELFERS FL 34680	City-State-Zip:	ELFERS FL 34680

*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: CHRISTINE L. GOULBOURNE**

**FOUNDER**

**04/20/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date