

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000067112

**Entity Name:** SENSORY FRIENDS, LLC

**Current Principal Place of Business:**

15985 PRESERVE MARKET PLACE BLVD  
UNIT 156  
ODESSA, FLORIDA 33556

**Current Mailing Address:**

15985 PRESERVE MARKET PLACE BLVD  
UNIT 156  
ODESSA, FLORIDA 33556 UN

**FEI Number:** 47-3757276

**Certificate of Status Desired:** Yes

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

GOULBOURNE, CHRISTINE L  
15985 PRESERVE MARKET PLACE BLVD  
UNIT 156  
ODESSA, FL 33556 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  
Name            GOULBOURNE, CHRISTINE L  
Address        15985 PRESERVE MARKET PLACE  
                  BLVD  
                  UNIT 156  
City-State-Zip: ODESSA FL 33556

*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 LORRAINE GOULBOURNE

**MEMBER/OWNER**

**05/01/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date