

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000115846

Entity Name: EMBRACE YOUR PRACTICE CONSULTING SERVICES, LLC

Current Principal Place of Business:

5379 LYONS RD
SUITE: 122
COCONUT CREEK, FL 33073

Current Mailing Address:

5379 LYONS RD
SUITE: 122
COCONUT CREEK, FL 33073

FEI Number: 47-4522447

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JUGOVIC, CATHY
3570 MORNINGSIDE PLACE
COCONUT CREEK, FL 33073 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 MGR
Name JUGOVIC, CATHY
Address 5379 LYONS RD, SUITE #122
City-State-Zip: COCONUT CREEK FL 33073

Title MGR
Name MENENDEZ, ANGIE
Address 5379 LYONS RD, SUITE #122
City-State-Zip: COCONUT CREEK FL 33073

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: CATHY JUGOVIC

MGR

04/03/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date