

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000166282

Entity Name: THE BRAVE ONES THERAPY CENTER, LLC

Current Principal Place of Business:

4016 EDGEWATER DR
ORLANDO, FL 32804

Current Mailing Address:

4016 EDGEWATER DR
ORLANDO, FL 32804 US

FEI Number: 47-5191313

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PERSAUD, AMANDA W
4016 EDGEWATER DR
ORLANDO, FL 32804 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: AMANDA PERSAUD

01/11/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	PERSAUD, AMANDA W	Name	SHASHI, PERSAUD N
Address	4016 EDGEWATER DR	Address	4016 EDGEWATER DR
City-State-Zip:	ORLANDO FL 32804	City-State-Zip:	ORLANDO FL 32804

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: SHASHI PERSAUD

MANAGER

01/11/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date