

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000039272

**Entity Name:** TIFFANY BIRTH SERVICES, LLC

**Current Principal Place of Business:**

3802 S.W. KAKOPO ST.  
PORT ST. LUCIE, FL 34953

**Current Mailing Address:**

3802 S.W. KAKOPO ST.  
PORT ST. LUCIE, FL 34953 US

**FEI Number: 81-1610230**

**Certificate of Status Desired: No**

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

REYES, TIFFANY  
3802 S.W. KAKOPO ST.  
PORT ST. LUCIE, FL 34953 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	MGRM	Title	MGR
Name	REYES, TIFFANY	Name	REYES, TIFFANY
Address	3802 S.W. KAKOPO ST.	Address	3802 S.W. KAKOPO ST.
City-State-Zip:	PORT ST. LUCIE FL 34953	City-State-Zip:	PORT ST. LUCIE FL 34953

*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: TIFFANY REYES**

**MANAGER**

**04/20/2018**

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

\_\_\_\_\_  
Date