## 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000087706

Entity Name: SAIBLE NEUROPSYCHOLOGY LLC

**Current Principal Place of Business:** 

650 64TH AVE.

ST. PETE BEACH, FL 33706

**Current Mailing Address:** 

650 64TH AVE.

ST. PETE BEACH. FL 33706 US

FEI Number: 81-2680594 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SAIBLE, SHIVANI 650 64TH AVE.

ST. PETE BEACH, FL 33706 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

**FILED** Jan 17, 2018

**Secretary of State** 

CC1084834972

## Authorized Person(s) Detail:

**PRESIDENT** Title

Name SAIBLE, SHIVANI Address 650 64TH AVE.

City-State-Zip: ST. PETE BEACH FL 33706

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.

PH.D.

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: SHIVANI SAIBLE

01/17/2018 Date