

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000123103

**Entity Name:** 1-2-3 GROW WITH ME THERAPY LLC

**Current Principal Place of Business:**

5020 CLARK ROAD  
#123  
SARASOTA, FL 34233

**Current Mailing Address:**

5020 CLARK ROAD  
#123  
SARASOTA, FL 34233 US

**FEI Number:** 81-3126898

**Certificate of Status Desired:** Yes

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

LOAFMAN, KERRI A  
5020 CLARK ROAD  
#123  
SARASOTA, FL 34233 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            LOAFMAN, KERRI A  
Address        5020 CLARK ROAD #123  
City-State-Zip: SARASOTA FL 34233

Title            AMBR  
Name            NADICKSBERND, AUDREY M  
Address        5020 CLARK ROAD #123  
City-State-Zip: SARASOTA FL 34233

*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:** KERRI A. LOAFMAN

**CO-OWNER**

**04/30/2018**

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

\_\_\_\_\_  
Date