

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000123103

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

Current Principal Place of Business:

2015 S TUTTLE AVE
SUITE A
SARASOTA, FL 34239

Current Mailing Address:

PO BOX 21056
SARASOTA, FL 34276 US

FEI Number: 81-3126898

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LOAFMAN, KERRI A
2015 S TUTTLE AVE
SUITE A
SARASOTA, FL 34239 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: KERRI A. LOAFMAN

06/12/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name LOAFMAN, KERRI A
Address PO BOX 21056
City-State-Zip: SARASOTA FL 34276

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

OWNER

06/12/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date