

2017 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

03/06/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date