

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000161016

**Entity Name:** EARLY INTERVENTION THERAPY LLC

**Current Principal Place of Business:**

15016 RAPOLLA DRIVE  
DELRAY BEACH, FL 33446

**Current Mailing Address:**

15016 RAPOLLA DRIVE  
DELRAY BEACH, FL 33446

**FEI Number:** 81-0976011

**Certificate of Status Desired:** No

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

GROSS, VALERIE  
15016 RAPOLLA DRIVE  
DELRAY BEACH, FL 33446 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 GROSS, VALERIE  
Address 15016 RAPOLLA DRIVE  
City-State-Zip: DELRAY BEACH FL 33446

Title AMBR  
Name GROSS, MICHAEL  
Address 15016 RAPOLLA DRIVE  
City-State-Zip: DELRAY BEACH FL 33446

Title AMBR  
Name SCOTT, ANDREW  
Address 1170 FEDERAL HIGHWAY  
City-State-Zip: FORT LAUDERDALE FL 33304

*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:** VALERIE GROSS

**MEMBER**

**01/24/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date