

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000162045

Entity Name: VAUGHN PSYCHOLOGY LLC

Current Principal Place of Business:

641 LAVERS CIRCLE
APT. 205
DELRAY BEACH, FL 33444

Current Mailing Address:

641 LAVERS CIRCLE
APT. 205
DELRAY BEACH, FL 33444 US

FEI Number: 81-4989201

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VAUGHN, MATTHEW
641 LAVERS CIRCLE
APT. 205
DELRAY BEACH, FL 33444 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 VAUGHN, MATTHEW
Address 641 LAVERS CIRCLE
 APT. 205
City-State-Zip: DELRAY BEACH FL 33444

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: MATTHEW VAUGHN

OWNER

03/10/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date