

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000164228

**Entity Name:** LIFESPAN BEHAVIOR SERVICES, LLC

**Current Principal Place of Business:**

10252 S US HWY 441  
UNITS 3 & 4  
BELLEVIEW, FL 34420

**Current Mailing Address:**

POST OFFICE BOX 830392  
OCALA, FL 34483 US

**FEI Number: 81-3839900**

**Certificate of Status Desired:** Yes

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

HILLYGUS, ANGELLE N  
1 PECAN COURSE PLACE  
OCALA, FL 34472 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           | MGR                   | Title           | MGR                 |
| Name            | HILLYGUS, ANGELLE N   | Name            | TOBON, ANDREA       |
| Address         | POST OFFICE BOX 83092 | Address         | 2475 SE HIGHWAY 484 |
| City-State-Zip: | OCALA FL 34483        | City-State-Zip: | BELLEVIEW FL 34420  |

*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:** ANGELLE HILLYGUS

**REGISTERED AGENT**

**08/07/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date