

**2019 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:** No

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

HILLYGUS, ANGELLE N  
10252 S US HWY 441  
UNITS 3 & 4 & 5  
BELLEVIEW, FL 34420 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 N. HILLYGUS

**REGISTERED AGENT**

**02/12/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date