

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000164439

**Entity Name:** SAVING OUR TEENS LLC

**Current Principal Place of Business:**

8176 ANDOVER WAY  
MELBOURNE, FL 32940

**Current Mailing Address:**

8176 ANDOVER WAY  
MELBOURNE, FL 32940 US

**FEI Number: 81-3767284**

**Certificate of Status Desired: No**

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

FLAVIN NOONEY & PERSON CPA  
2200 S. BABCOCK ST.  
MELBOURNE, FL 32901 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 MIRAGLIA, GARY  
Address 8176 ANDOVER WAY  
City-State-Zip: MELBOURNE FL 32940

Title REGISTERED AGENT  
Name FLAVIN NOONEY & PERSON CPAS  
Address 2200 S. BABCOCK STREET  
City-State-Zip: MELBOURNE FL 32901

*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: FLAVIN NOONEY & PERSON CPAS**

**REGISTERED AGENT**

**05/01/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date