

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000177782

**Entity Name:** AUTISM OUT OF THE BOX L.L.C.

**Current Principal Place of Business:**

26 EVONAIRE CIRCLE  
BELLEAIR, FL 33756

**Current Mailing Address:**

26 EVONAIRE CIRCLE  
BELLEAIR, FL 33756 US

**FEI Number: 81-3873437**

**Certificate of Status Desired:** No

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

CLAIRY, ANNETTE  
26 EVONAIRE CIRCLE  
BELLEAIR, FL 33756 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:** ANNETTE CLAIRY

01/04/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name CLAIRY, ANNETTE  
Address 26 EVONAIRE CIRCLE  
City-State-Zip: BELLEAIR FL 33756

*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:** ANNETTE CLAIRY

01/04/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date