## 2017 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

### Name and Address of Current Registered Agent:

CLAIRY, ANNETTE 26 EVONAIRE CIRCLE BELLEAIRE, 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

Electronic Signature of Registered Agent

#### 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

01/18/2017 Date

Electronic Signature of Signing Authorized Person(s) Detail

## FILED Jan 18, 2017 Secretary of State CC1637551982

Certificate of Status Desired: No

Date

01/18/2017