

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000170115

Entity Name: THERAPEACE, PLLC

Current Principal Place of Business:

1743 KNIGHTS WAY
NAPLES, FL 34112

Current Mailing Address:

1743 KNIGHTS WAY
NAPLES, FL 34112 US

FEI Number: 82-2449282

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MALDONADO, PETER
1743 KNIGHTS WAY
NAPLES, FL 34112 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 MALDONADO, KAREN I
Address 1743 KNIGHTS WAY
City-State-Zip: NAPLES FL 34112

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: KAREN I. MALDONADO

AMBR

05/01/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date