

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000221412

Entity Name: STUART FAMILY THERAPY, LLC

Current Principal Place of Business:

819 SW FEDERAL HIGHWAY
SUITE 200 B
STUART, FL 34994

Current Mailing Address:

819 SW FEDERAL HIGHWAY
SUITE 200 B
STUART, FL 34994 US

FEI Number: 82-3354125

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LINDSAY, KAREN M LMFT
819 SW FEDERAL HIGHWAY
SUITE 200 B
STUART, FL 34994 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
Name LINDSAY, KAREN M LMFT
Address 819 SW FEDERAL HIGHWAY, SUITE
200 B
City-State-Zip: STUART FL 34994

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 LINDSAY

MGR

04/01/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date