

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000253998

Entity Name: MOSAIC THERAPY LLC

Current Principal Place of Business:

384 WOODS EDGE CIRCLE
UNIT 104
BONITA SPRINGS, FL 34134

Current Mailing Address:

384 WOODS EDGE CIRCLE
UNIT 104
BONITA SPRINGS, FL 34134 US

FEI Number: 82-3677658

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROSEN, JESSICA
16217 CAMDEN LAKES CIRCLE
NAPLES, FL 34110 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 ROSEN, JESSICA
Address 3384 WOODS EDGE CIRCLE, UNIT 104
City-State-Zip: BONITA SPRINGS FL 34134

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: JESSICA ROSEN

OWNER

02/19/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date