

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000054202

Entity Name: RESET THERAPY PROFESSIONAL INSTITUTE, LLC

Current Principal Place of Business:

1720 GLENHOUSE DRIVE
GL-327
SARASOTA, FL 34231

Current Mailing Address:

1720 GLENHOUSE DRIVE
GL-327
SARASOTA, FL 34231 US

FEI Number: 82-4784979

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHAMSEY, JOHN K ESQ.
1 SOUTH SCHOOL AVENUE
700
SARASOTA, FL 34237 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 LINDENFELD, GEORGE PH.D.
Address 1720 GLENHOUSE DRIVE, GL-327
City-State-Zip: SARASOTA FL 34231

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: GEORGE LINDENFELD

MGR

03/31/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date