

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000264035

**Entity Name:** BREVARD HOPE AND BALANCE THERAPY, LLC

**Current Principal Place of Business:**

1600 W EAU GALLIE BLVD,  
STE 201  
MELBOURNE, FL 32935

**Current Mailing Address:**

2421 STRATFORD POINTE DR  
MELBOURNE, FL 32904 US

**FEI Number:** 82-5317827

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SHINABERRY, CYNTHIA J  
2421 STRATFORD POINTE DR  
MELBOURNE, FL 32904 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 SHINABERRY, CYNTHIA  
Address 2421 STRATFORD POINTE DRIVE,  
MELBOURNE, FL  
City-State-Zip: MELBOURNE FL 32904

*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:** CYNTHIA J SHINABERRY

SOLE PROPRIETOR

06/16/2020

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date