

**2021 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L19000038647

**Entity Name:** ANNMARIE-THERAPY LLC

**Current Principal Place of Business:**

1422 CEDAR ST NE  
STEINHATCHEE, FL 32359

**Current Mailing Address:**

PO BOX 12  
STEINHATCHEE, FL 32359-0012 US

**FEI Number:** 83-3475571

**Certificate of Status Desired:** No

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

DOSHER, ANN-MARIE  
1422 CEDAR ST NE  
STEINHATCHEE, FL 32359 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:** ANN-MARIE DOSHER

01/28/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name DOSHER, ANN-MARIE  
Address 1422 CEDAR ST NE  
City-State-Zip: STEINHATCHEE FL 32359

*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:** ANN-MARIE DOSHER

AMBR

01/28/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date