

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000181051

**Entity Name:** SENSORY SOOTHERS LLC

**Current Principal Place of Business:**

18934 SPRING HOLLOW DR.  
LUTZ, FL 33559

**Current Mailing Address:**

18934 SPRING HOLLOW DR.  
LUTZ, FL 33559 US

**FEI Number: 83-2013348**

**Certificate of Status Desired: Yes**

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

SMALCZEWSKI, TERESA  
18934 SPRING HOLLOW DR.  
LUTZ, FL 33559 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           | CEO                     | Title           | PRESIDENT                  |
| Name            | SMALCZEWSKI, TERESA     | Name            | SMALCZEWSKI, TIMOTHY HENRY |
| Address         | 18934 SPRING HOLLOW DR. | Address         | 18934 SPRING HOLLOW DR.    |
| City-State-Zip: | LUTZ FL 33559           | City-State-Zip: | LUTZ FL 33559              |

*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: TERESA SMALCZEWSKI**

**CEO**

**04/08/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date