

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000340378

**Entity Name:** CONNECT THERAPY LLC

**Current Principal Place of Business:**

15520 KINROSS CIRCLE  
FORT MEYERS, FL 33912

**Current Mailing Address:**

15520 KINROSS CIRCLE  
FORT MEYERS, FL 33912 US

**FEI Number:** 85-3990884

**Certificate of Status Desired:** No

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

SPECTRUM PIECES, LLC  
15520 KINROSS CIRCLE  
FORT MEYERS, FL 33912 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 SPECTRUM PIECES, LLC  
Address 15520 KINROSS CIRCLE  
City-State-Zip: FORT MEYERS FL 33912

*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:** JENNIFER ANDOSCIA

MGR

02/03/2021

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

\_\_\_\_\_ Date