

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000352438

**Entity Name:** PLAY THERAPY WITH DR. JEN LLC

**Current Principal Place of Business:**

205 CRYSTAL GROVE BLVD  
SUITE 102  
LUTZ, FL 33549

**Current Mailing Address:**

2007 SUNCOAST CROSSINGS ISLE  
ODESSA, FL 33556 US

**FEI Number:** 88-4179960

**Certificate of Status Desired:** Yes

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

CLAY, JENNIFER  
205 CRYSTAL GROVE BLVD  
SUITE 102  
LUTZ, FL 33549 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            AMBR  
Name            CLAY, JENNIFER  
Address        2007 SUNCOAST CROSSINGS ISLE  
City-State-Zip: ODESSA FL 33556

*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 CLAY

**OWNER**

**04/03/2023**

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

\_\_\_\_\_  
Date