

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000001282

**Entity Name:** INTERACTIVE SCHOOL THERAPY LLC

**Current Principal Place of Business:**

4674 RUNNING BROOK TERRACE  
GREENWOOD, IN 46143

**Current Mailing Address:**

PO BOX 1070  
GREENWOOD, IN 46142

**FEI Number:** 47-1364263

**Certificate of Status Desired:** No

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

STROM, ERIC  
19095 SE CORAL REEF LANE  
JUPITER, FL 33548 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 MEM  
Name WILKINS, SUSAN  
Address 4674 RUNNING BROOK TERRACE  
City-State-Zip: GREENWOOD IN 46143

*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:** SUSAN STROM WILKINS

MEMBER

03/21/2017

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

\_\_\_\_\_ Date