#### 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. 04/10/2018

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: MINDY AGLER, LMHC, LLC

**Current Principal Place of Business:** 

91831 OVERSEAS HIGHWAY SUITE 200 TAVERNIER, FL 33070

# **Current Mailing Address:**

DOCUMENT# L08000014257

168 SUNSET GARDENS DR TAVERNIER, FL 33070 US

## FEI Number: 26-1959079

### Name and Address of Current Registered Agent:

AGLER, MINDY 168 SUNSET GARDENS DR TAVERNIER, FL 33070 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

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### Authorized Person(s) Detail :

Title	MGRM	Title	LLC
Name	AGLER, MINDY LMHC	Name	BUTTONWOOD COUNSELING
Address	168 SUNSET GARDENS DR	Address	168 SUNSET GARDENS DR
City-State-Zip:	TAVERNIER FL 33070	City-State-Zip:	TAVERNIER FL 33070

that my name appears above, or on an attachment with all other like empowered.	
SIGNATURE: MINDY AGLER	MGRM

Date

Certificate of Status Desired: No

Date