

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000057747

Entity Name: KEY THERAPY, LLC

Current Principal Place of Business:

575 CRANDON BLVD
#613
KEY BISCAYNE, FL 33149

Current Mailing Address:

575 CRANDON BLVD
#613
KEY BISCAYNE, FL 33149 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FLEITAS, ROBERTO FIII,ESQ
782 NE LE JEUNE RD
STE 530
MIAMI, FL 33126 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 FERNANDEZ, IVETTE
Address 575 CRANDON BLVD - # 613
City-State-Zip: KEY BISCAYNE FL 33149

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: IVETTE FERNANDEZ

MANAGER

04/30/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date