

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000040291

Entity Name: SOLUTIONS FAMILY THERAPY LLC

Current Principal Place of Business:

17862 HUNTING BOW CIRCLE
SUITE 102
LUTZ, FL 33558

Current Mailing Address:

PO BOX 555
ODESSA, FL 33556

FEI Number: 27-2395745

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHEPHERDSON, EDWIN A
17862 HUNTING BOW CIRCLE
SUITE 102
LUTZ, FL 33558 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: EDWIN SHEPHERDSON

02/24/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name SHEPHERDSON, ELAINE K
Address 7617 DUNBRIDGE DR
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: ELAINE K SHEPHERDSON

MGRM

02/24/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date