

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000104384

Entity Name: ROBERTS THERAPY SOLUTIONS, LLC

Current Principal Place of Business:

22404 NE SR 20
HOSFORD, FL 32334

Current Mailing Address:

22404 NE SR 20
HOSFORD, FL 32334 US

FEI Number: 61-1630235

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROBERTS, STEPHENIE
22404 NE SR 20
HOSFORD, FL 32334 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 ROBERTS, STEPHENIE
Address 22404 NE SR 20
City-State-Zip: HOSFORD FL 32334

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: STEPHENIE ROBERTS

OWNER

02/27/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date