

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000031848

**Entity Name:** MARY A. ARMBRUSTER LMHC, LLC

**Current Principal Place of Business:**

1044 CASTELLO DRIVE  
SUITE 210  
NAPLES, FL 34103

**Current Mailing Address:**

1044 CASTELLO DRIVE  
SUITE 210  
NAPLES, FL 34103 US

**FEI Number:** 80-0385503

**Certificate of Status Desired:** No

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

ARMBRUSTER, MARY A  
1044 CASTELLO DRIVE  
SUITE 210  
NAPLES, FL 34103 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 MGRM  
Name ARMBRUSTER, MARY A  
Address PO BOX 11595  
City-State-Zip: NAPLES FL 34101

*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:** MARY A. ARMBRUSTER

MGRM

04/06/2017

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

\_\_\_\_\_  
Date