# 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000112469

Entity Name: PSYCHOTHERAPY & CREATIVITY CENTER OF BOCA RATON,

LLC

FILED Apr 23, 2016 Secretary of State CC9759641118

## **Current Principal Place of Business:**

7025 BERACASA WAY SUITE 201-A BOCA RATON, FL 33433

# **Current Mailing Address:**

6461 NW 2ND AVE APARTMENT 501 BOCA RATON, FL 33487 US

FEI Number: 46-0902036 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

OLIVEROS, MARIA C 6461 NW 2ND AVE APARTMENT 501 BOCA RATON, FL 33487 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: MARIA OLIVEROS 04/23/2016

Electronic Signature of Registered Agent Date

## Authorized Person(s) Detail:

Title MGRM

Name OLIVEROS, MARIA C
Address 6461 NW 2ND AVE
APARTMENT 501

City-State-Zip: BOCA RATON FL 33487

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: MARIA CHRISTINA OLIVEROS

Electronic Signature of Signing Authorized Person(s) Detail

MGMR

04/23/2016

Date