# 2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000112469

Entity Name: PSYCHOTHERAPY & CREATIVITY CENTER OF BOCA RATON,

LLC

FILED Apr 19, 2013 Secretary of State CC8734627846

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

6600 POND APPLE ROAD BOCA RATON, FL 33433

# **Current Mailing Address:**

6600 POND APPLE ROAD BOCA RATON, FL 33433

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

### Name and Address of Current Registered Agent:

OLIVEROS, MARIA C 6600 POND APPLE ROAD BOCA RATON, FL 33433 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 OLIVEROS, MARIA C
Address 6600 POND APPLE ROAD
City-State-Zip: BOCA RATON FL 33433

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**MGMR** 

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: MARIA C. OLIVEROS

04/19/2013