

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000072096

**Entity Name:** JILL BAGGETT THERAPY SERVICES, LLC

**Current Principal Place of Business:**

4858 BALLYGAR DRIVE  
TALLAHASSEE, FL 32309

**Current Mailing Address:**

4858 BALLYGAR DRIVE  
TALLAHASSEE, FL 32309 US

**FEI Number:** 46-2860311

**Certificate of Status Desired:** Yes

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

BAGGETT, JILL  
4858 BALLYGAR DRIVE  
TALLAHASSEE, FL 32309 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:** JILL BAGGETT

01/21/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name BAGGETT, JILL V  
Address 4858 BALLYGAR DR  
City-State-Zip: TALLAHASSEE FL 32309

*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:** JILL BAGGETT

OWNER/MANAGER

01/21/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date