

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000010993

**Entity Name:** BLUE SKY CHILDREN AND FAMILY THERAPY LLC

**Current Principal Place of Business:**

125 N. BELCHER RD  
CLEARWATER , FL 33765

**Current Mailing Address:**

2717 SEVILLE BLVD  
4102  
CLEARWATER, FL 33764 US

**FEI Number:** 47-2826850

**Certificate of Status Desired:** Yes

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

MILLER, NANCY L LMHC  
2717 SEVILLE BLVD  
4102  
CLEARWATER, FL 33764 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 MILLER, NANCY L LMHC  
Address 2717 SEVILLE BLVD  
4102  
City-State-Zip: CLEARWATER FL 33764

*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:** NANCY L MILLER

OWNER/MGR

02/18/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date