

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000049733

Entity Name: BUTLER HYPNOTHERAPY, LLC

Current Principal Place of Business:

435 11TH AVE N
ST PETERSBURG, FL 33701

Current Mailing Address:

435 11TH AVE N
ST PETERSBURG, FL 33701

FEI Number: 47-3681857

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUTLER, MICHELLE L
435 11TH AVE N
ST PETERSBURG, FL 33701 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 AR
Name BUTLER, MICHELLE
Address 435 11TH AVE N
City-State-Zip: ST PETERSBURG FL 33701

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: MICHELLE BUTLER

MRS

04/19/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date