

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000068271

**Entity Name:** INTEGRATED ROOTS BEHAVIORAL THERAPY, LLC

**Current Principal Place of Business:**

5857 30TH AVENUE NORTH  
ST. PETERSBURG, FL 33710

**Current Mailing Address:**

5857 30TH AVENUE NORTH  
ST. PETERSBURG, FL 33710 US

**FEI Number:** 47-4767651

**Certificate of Status Desired:** No

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

ZIELINSKI, STEPHANIE  
5857 30TH AVENUE NORTH  
ST. PETERSBURG, FL 33710 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            AMBR  
Name            ZIELINSKI, STEPHANIE  
Address        5857 30TH AVENUE NORTH  
City-State-Zip: ST. PETERSBURG FL 33710

*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:** STEPHANIE ZIELINSKI

04/26/2016

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date