

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000068271

Entity Name: INTEGRATED ROOTS BEHAVIORAL THERAPY, LLC

Current Principal Place of Business:

1021 39TH AVE. NE.
ST. PETERSBURG, FL 33703

Current Mailing Address:

1021 39TH AVE. NE.
ST. PETERSBURG, FL 33703 US

FEI Number: 47-4767651

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ZIELINSKI, STEPHANIE
1021 39TH AVE. NE.
ST. PETERSBURG, FL 33703 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 1021 39TH AVE. NE.
City-State-Zip: ST. PETERSBURG FL 33703

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

OWNER

01/30/2018

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date