

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000103488

**Entity Name:** SWEET SONGS BREASTFEEDING, LLC

**Current Principal Place of Business:**

13919 CARROLLWOOD VILLAGE RUN  
SUITE 3  
TAMPA, FL 33618

**Current Mailing Address:**

14410 BRENTWOOD DR  
TAMPA, FL 33618 US

**FEI Number:** 47-4264748

**Certificate of Status Desired:** No

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

UNANGST, MARY A  
14410 BRENTWOOD DR  
TAMPA, FL 33618 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	UNANGST, MARY A
Address	14410 BRENTWOOD DR
City-State-Zip:	TAMPA FL 33618
Title	AUTHORIZED MEMBER
Name	HANNING, PATRICIA
Address	2906 TRINITY COTTAGE DR.
City-State-Zip:	LAND O LAKES FL 34638

Title	MGR
Name	UNANGST, JONATHAN M
Address	14410 BRENTWOOD DR
City-State-Zip:	TAMPA FL 33618
Title	AUTHORIZED MEMBER
Name	HAMMANT, AMY
Address	13919 CARROLLWOOD VILLAGE RUN SUITE 3
City-State-Zip:	TAMPA FL 33618

*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:** MARY UNANGST

**MANAGER**

**03/04/2018**

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

\_\_\_\_\_  
Date