

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000103488

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

**Current Principal Place of Business:**

110 W. COUNTRY CLUB DR.  
TAMPA, FL 33612

**FILED**  
**Jan 12, 2020**  
**Secretary of State**  
**8163308968CC**

**Current Mailing Address:**

SWEET SONGS BREASTFEEDING C/O MARY UNANGST  
CMR 489 BOX 1847  
APO, AE, FL 09751 US

**FEI Number:** 47-4264748

**Certificate of Status Desired:** No

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

UNANGST, MARY A  
SWEET SONGS BREASTFEEDING C/O MARY UNANGST  
CMR 489 BOX 1847  
APO, AE, FL 09751 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	Title	MGR
Name	UNANGST, MARY A	Name	UNANGST, JONATHAN M
Address	14410 BRENTWOOD DR	Address	14410 BRENTWOOD DR
City-State-Zip:	TAMPA FL 33618	City-State-Zip:	TAMPA FL 33618
Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	HANNING, PATRICIA	Name	HAMMANT, AMY
Address	2906 TRINITY COTTAGE DR.	Address	110 W. COUNTRY CLUB DR.
City-State-Zip:	LAND O LAKES FL 34638	City-State-Zip:	TAMPA FL 33612

*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**

**01/12/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date