

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000212615

Entity Name: THERAPIST AID LLC

Current Principal Place of Business:

2778 RIVERSIDE AVE.
JACKSONVILLE, FL 32205

Current Mailing Address:

2778 RIVERSIDE AVE.
JACKSONVILLE, FL 32205

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHULDT, WOODY
2778 RIVERSIDE AVE.
JACKSONVILLE, FL 32205 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 SCHULDT, WOODY
Address 2778 RIVERSIDE AVE.
City-State-Zip: JACKSONVILLE FL 32205

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: WOODY SCHULDT

OWNER

01/09/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date