

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000055375

Entity Name: SUNNY ALLEY THERAPY, LLC.

Current Principal Place of Business:

4416 W ESTRELLA ST
TAMPA, FL 33629

Current Mailing Address:

4416 W ESTRELLA ST
TAMPA, FL 33629 US

FEI Number: 81-5167020

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DALRYMPLE, JAMIE
4416 W ESTRELLA ST
TAMPA, FL 33629 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 DALRYMPLE, JAMIE
Address 4416 W ESTRELLA ST
City-State-Zip: TAMPA FL 33629

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: JAMIE DALRYMPLE

MGR

01/31/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date