

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000152082

Entity Name: JACOBS THERAPEUTIC SOLUTIONS, LLC

Current Principal Place of Business:

8400 N. UNIVERSITY DRIVE,
SUITE 209
TAMARAC, FL 33321

Current Mailing Address:

8400 N. UNIVERSITY DRIVE,
SUITE 209
TAMARAC, FL 33321 US

FEI Number: 81-3620204

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JACOBS, JUDITH
8400 N. UNIVERSITY DRIVE
SUITE 209
TAMARAC, FL 33321 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 JACOBS, JUDITH
Address 8400 N. UNIVERSITY DRIVE,
SUITE 209
City-State-Zip: TAMARAC FL 33321

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: JUDITH JACOBS

MGR

04/30/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date