

**2020 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**

**06/27/2020**

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

\_\_\_\_\_  
Date