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.

OWNER

SIGNATURE: PATRICIA KOPEC

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L16000181777

# Entity Name: KROMBACH BEHAVIOR CONSULTING LLC

2020 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

# Current Principal Place of Business:

4110 S DREXEL AVE TAMPA, FL 33611

#### **Current Mailing Address:**

4110 S DREXEL AVE TAMPA, FL 33611 US

# FEI Number: 81-4009582

### Name and Address of Current Registered Agent:

KOPEC, PATRICIA 5575 S. SEMORAN BLVD SUITE 36 ORLANDO, FL 32822 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: PATRICIA KOPEC

Electronic Signature of Registered Agent

### Authorized Person(s) Detail :

Title	AMBR		
Name	KOPEC	, PATRICIA	А
Address	4110 S DREXEL AVE		
City-State-Zip:	TAMPA F	L 33611	

Certificate of Status Desired: Yes

03/24/2020 Date

03/24/2020 Date