

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000188399

**Entity Name:** ARIANA WITTGENSTEIN, PSY.D., LLC

**Current Principal Place of Business:**

7901 4TH STREET NORTH  
STE 317  
ST PETERSBURG, FL 33702

**Current Mailing Address:**

1345 EDEN ISLE BLVD NE  
ST PETERSBURG, FL 33704 US

**FEI Number:** 81-4108765

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HATFIELD, MATTHEW A ESQ  
333 THIRD AVE NORTH STE 200  
ST PETERSBURG, FL 33701 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 WITTGENSTEIN, ARIANA PSY D  
Address 1345 EDEN ISLE BLVD NE  
City-State-Zip: ST PETERSBURG FL 33704

*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:** ARIANA WITTGENSTEIN

**MANAGER**

**02/22/2017**

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

\_\_\_\_\_  
Date