2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2017
Secretary of State
CC2634720592

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Entity Name: PSYKELLE, LLC

Current Principal Place of Business:

5545 SHADOW LAWN DRIVE
SARASOTA, FL 34242

Current Mailing Address:

5545 SHADOW LAWN DRIVE
SARASOTA, FL 34242 US

FEI Number: 81-4628566

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WALLACE, MORGAN
5545 SHADOW LAWN DRIVE
SARASOTA, FL 34242 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	WALLACE, MORGAN
Address	5545 SHADOW LAWN DRIVE
City-State-Zip:	SARASOTA FL 34242

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: MORGAN WALLACE MGR 03/14/2017

Electronic Signature of Signing Authorized Person(s) Detail — Date