

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000150503

Entity Name: LAUREN THERAPY SERVICES, LLC

Current Principal Place of Business:

3940 SW 102 AVE APT F- 211
MIAMI, FL 33165

Current Mailing Address:

3940 SW 102 AVE APT F-211
MIAMI, FL 33165

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOREJON, TANIA
3940 SW 102 AVE APT F211
MIAMI, FL 33165 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 MOREJON, TANIA
Address 3940 SW 102 AVE APT F-211
City-State-Zip: MIAMI FL 33165

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: TANIA MOREJON

MANAGER

04/30/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date