

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000151734

Entity Name: THERAPY WITH FRAN, LLC

Current Principal Place of Business:

7373 SMITHBROOKE DR.
LAKE WORTH, FL 33467

Current Mailing Address:

7373 SMITHBROOKE DR.
LAKE WORTH, FL 33467 US

FEI Number: 82-2212749

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TEIXEIRA, FRANCINE
7373 SMITHBROOKE DR.
LAKE WORTH, FL 33467 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 AMBR
Name TEIXEIRA, FRANCINE
Address 1035 SOUTH STATE ROAD 7
City-State-Zip: WELLINGTON FL 33414

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: FRANCINE TEIXEIRA

MEMBER

04/29/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date