

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000160494

Entity Name: LEMONADE THERAPY LLC

Current Principal Place of Business:

3495 SOUTHWOOD COURT
DAVIE, FL 33328

Current Mailing Address:

3495 SOUTHWOOD COURT
DAVIE, FL 33328 US

FEI Number: 82-2335248

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PENA, ENA
3495 SOUTHWOOD COURT
DAVIE, FL 33328 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 PENA, ENA
Address 3495 SOUTHWOOD COURT
City-State-Zip: DAVIE FL 33328

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: ENA PENA

AMBR

05/01/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date