

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000194708

Entity Name: CHERYLL ROBERTSON CLINICAL HYPNOTHERAPIST, LLC

Current Principal Place of Business:

13 TARRAGONA CT
SAINT AUGUSTINE, FL 32086-7635

Current Mailing Address:

13 TARRAGONA CT
ST AUGUSTINE, FL 32086

FEI Number: 82-2845428

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ROBERTSON, CHERYLL
13 TARRAGONA CT
ST AUGUSTINE, FL 32086 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 ROBERTSON, CHERYLL
Address 13 TARRAGONA CT
City-State-Zip: ST AUGUSTINE FL 32086

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: CHERYLL ROBERTSON

MGR

01/09/2020

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date