

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000219558

**Entity Name:** SRQ LIFE THERAPY, LLC

**Current Principal Place of Business:**

10700 LEAFWING DR.  
SARASOTA, FL 34241

**Current Mailing Address:**

10700 LEAFWING DR.  
SARASOTA, FL 34241 US

**FEI Number: 82-3191555**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ROBERT M SHINDLER CPA PA  
2429 MANATEE AVE E  
#2  
BRADENTON, FL 34208 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 HABER, JODI  
Address 10700 LEAFWING DR  
City-State-Zip: SARASOTA FL 34241

*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: JODI HABER**

**MGR**

**04/04/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date