

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000242369

Entity Name: MARGARET P. STEWART, PSY.D., LLC

Current Principal Place of Business:

1560 SAWGRASS CORPORATE PARKWAY
#481
SUNRISE, FL 33323

Current Mailing Address:

2514 CARAMBOLA CIRCLE NORTH
COCONUT CREEK, FL 33066 US

FEI Number: 82-3579558

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STEWART, MARGARET P PSY.D.
2514 CARAMBOLA CIRCLE NORTH
COCONUT CREEK, FL 33066 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 MGRM
Name STEWART, MARGARET P PSY.D.
Address 2514 CARAMBOLA CIRCLE NORTH
City-State-Zip: COCONUT CREEK FL 33066

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: MARGARET P. STEWART, PSY.D.

MGRM

04/27/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date