2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2019
Secretary of State
2322788908CC

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Entity Name: SHAPING EXPECTATIONS THERAPY, LLC

Current Principal Place of Business:

17535 DARBY LANE
LUTZ, FL 33558

Current Mailing Address:

17535 DARBY LANE
LUTZ, FL 33558 US

FEI Number: 82-3912501

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CAMPBELL, ALIVIA B
17535 DARBY LANE
LUTZ, FL 33558 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	Title	AMBR
Name	CAMPBELL, ALIVIA B	Name	TORRES, ZAIDA
Address	19046 BRUCE B. DOWNS BLVD SUITE #44	Address	19046 BRUCE B. DOWNS BLVD SUITE #44
City-State-Zip:	TAMPA FL 33647	City-State-Zip:	TAMPA FL 33647

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: ALIVIA CAMPBELL CEO 03/12/2019

Electronic Signature of Signing Authorized Person(s) Detail — Date