

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000083144

**Entity Name:** PEDAL FOR AUTISM, LLC

**Current Principal Place of Business:**

1535 JOHNSON STREET  
HOLLYWOOD, FL 33020

**Current Mailing Address:**

1535 JOHNSON STREET  
HOLLYWOOD, FL 33020

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

PARTIN, MARY  
1535 JOHNSON ST  
HOLLYWOOD, FL 33020 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	AR	Title	AR
Name	PARTIN, MARY	Name	VALENCIA, GABRIEL
Address	1535 JOHNSON ST	Address	1231 STIRLING RD.
City-State-Zip:	HOLLYWOOD FL 33020	City-State-Zip:	DANIA FL 33004

*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:** MARY PARTIN

AR

03/24/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date