

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000120479

Entity Name: NICK JOYCE THERAPY "LIMITED LIABILITY COMPANY"

Current Principal Place of Business:

14729 OAK VINE DR.
LUTZ, FL 33559

Current Mailing Address:

14729 OAK VINE DR.
LUTZ, FL 33559 US

FEI Number: 84-1753710

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOYCE, NICHOLAS R
14729 OAK VINE DR.
LUTZ, FL 33559 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 JOYCE, NICHOLAS R
Address 14729 OAK VINE DR.
City-State-Zip: LUTZ FL 33559

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: NICHOLAS R JOYCE

DOCTOR

02/15/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date