

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000129848

Entity Name: POSITIVE REINFORCEMENT LLC

Current Principal Place of Business:

6280 NW 173RD ST APT 1235
HIALEAH, FL 33015-4566

Current Mailing Address:

6280 NW 173RD ST APT 1235
HIALEAH, FL 33015-4566 US

FEI Number: 83-4290045

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHANDIA CASTRO, MARIA PAZ
6280 NW 173RD ST APT 1235
HIALEAH, FL 33015-4566 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 AUTHORIZED MEMBER
Name CHANDIA CASTRO, MARIA PAZ
Address 6280 NW 173RD ST APT 1235
City-State-Zip: HIALEAH FL 33015-4566

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: MARIA PAZ CHANDIA CASTRO

AUTHORIZED MEMBER

04/30/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date