

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000130861

Entity Name: LEVEL OF CONSCIOUSNESS SERVICES LLC**Current Principal Place of Business:**1305 S FORT HARRISON AVE STE E
E
CLEARWATER, FL 33756**Current Mailing Address:**1305 S FORT HARRISON AVE STE E
E
CLEARWATER, FL 33756 UN**FEI Number:** 83-4571350**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MANETSAS, SARAH MD
1305 S FORT HARRISON AVE
SUITE E
CLEARWATER, FL 33756 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	BERNER, JODY
Address	1305 S FORT HARRISON AVE STE E
City-State-Zip:	CLEARWATER FL 33756

Title	MGR/OWNER
Name	MANITSAS, SARAH C
Address	1305 S FORT HARRISON AVE STE E
City-State-Zip:	CLEARWATER FL 33756

Title	MGR/OWNER
Name	MOORE, ANMARIE EASLEY
Address	1305 S FORT HARRISON AVE STE E
City-State-Zip:	CLEARWATER FL 33756

Title	MANAGER
Name	BOISVERT, CASSIE
Address	1305 S FORT HARRISON AVE STE E
City-State-Zip:	CLEARWATER FL 33756

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: CASSIE BOISVERT**ADMINISTRATOR****01/04/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date