2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2020
Secretary of State
9619714984CC

DOCUMENT# L19000291988

Entity Name: SCHOOL PSYCHOLOGY LICENSURE SPECIALISTS LLC

Current Principal Place of Business:

16429 ENCLAVE VILLAGE DR
TAMPA, FL 33647

Current Mailing Address:

16429 ENCLAVE VILLAGE DR
TAMPA, FL 33647 US

FEI Number: 84-3952155

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STEWART-WHITE, TIFFANY
4767 WHISPERING WIND AVE.
TAMPA, FL 33614 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	BORKOWSKI, TAMMILYN	Name	STEWART - WHITE, TIFFANY N
Address	16429 ENCLAVE VILLAGE DR	Address	16429 ENCLAVE VILLAGE DR
City-State-Zip:	TAMPA FL 33647	City-State-Zip:	TAMPA FL 33647

Title	AMBR
Name	QUEVEDO, LILLIANE M
Address	16429 ENCLAVE VILLAGE DR
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: TIFFANY STEWART-WHITE AUTHORIZED MANAGER 04/17/2020

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