

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000167579

**Entity Name:** CORA MCNEESE NELSON THERAPY, LLC

**Current Principal Place of Business:**

30308 CHEVAL STREET  
MOUNT DORA, FL 32757

**Current Mailing Address:**

399 EAST BURLEIGH BLVD  
UNIT 652  
TAVARES, FL 32778

**FEI Number:** 85-1467553

**Certificate of Status Desired:** No

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

MCNEESE NELSON, CORA  
30308 CHEVAL ST  
MOUNT DORA, FL 32757 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  
Name            MCNEESE NELSON, CORA  
Address        30308 CHEVAL ST  
City-State-Zip: MOUNT DORA FL 32757

*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:** CORA MCNEESE NELSON

01/29/2021

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date