

**2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L21000156184

**Entity Name:** ANAMARIE'S AUTISM & RELATED THERAPIES LLC

**Current Principal Place of Business:**

18670 OLD BAYSHORE RD.  
NORTH FORT MYERS, FL 33917

**Current Mailing Address:**

18670 OLD BAYSHORE RD.  
NORTH FORT MYERS, FL 33917 US

**FEI Number:** 86-3320146

**Certificate of Status Desired:** Yes

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

UNITED STATES CORPORATION AGENTS, INC.  
476 RIVERSIDE AVE.  
JACKSONVILLE, FL 32202 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:** REBECCA LEMIEUX

05/25/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name LEMIEUX, REBECCA J  
Address 18670 OLD BAYSHORE RD.  
City-State-Zip: NORTH FORT MYERS FL 33917

*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:** REBECCA LEMIEUX

OWNER

05/25/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date