### 2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M15000000848

Entity Name: METRO MUSIC THERAPY, LLC

Mar 16, 2017 **Secretary of State** CC0895917047

**FILED** 

### **Current Principal Place of Business:**

5960 CROOKED CREEK ROAD SUITE 140 B

PEACHTREE CORNERS, GA 30092

## **Current Mailing Address:**

5960 CROOKED CREEK ROAD SUITE 140 B PEACHTREE CORNERS, GA 30092 US

FEI Number: 26-3280738 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

REXROAD, GREGORY L 21316 SORRAIA COVE 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 **OWN** Title DIR

EVEN, MALLORY EVEN, MALLORY Name Name

Address 5960 CROOKED CREEK ROAD Address 5960 CROOKED CREEK ROAD

> SUITE 140 B SUITE 140 B

PEACHTREE CORNERS GA 30092 PEACHTREE CORNERS GA 30092 City-State-Zip: City-State-Zip:

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: MALLORY EVEN

Electronic Signature of Signing Authorized Person(s) Detail

**OWNER & DIRECTOR** 

03/16/2017