

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000352762

**Entity Name:** THE TAROT DIAGNOSIS LLC

**Current Principal Place of Business:**

120 STATE ST. E.  
SUITE 106  
OLDSMAR, FL 34677

**Current Mailing Address:**

120 STATE ST. E.  
SUITE 106  
OLDSMAR, FL 34677 US

**FEI Number:** 87-2040332

**Certificate of Status Desired:** No

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

SHIELDS, TIMOTHY  
10360 W. STATE RD84  
FORT LAUDERDALE, FL 33324 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	KNIGHT, SHANNON	Name	HAMMOND, JOCELYN
Address	120 STATE ST E	Address	120 STATE ST E
City-State-Zip:	OLDSMAR FL 34677	City-State-Zip:	OLDSMAR FL 34677

*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:** SHANNON KNIGHT

**OWNER**

**03/15/2023**

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

\_\_\_\_\_  
Date