

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000063556

Entity Name: BEACON HYPNOTHERAPY INSTITUTE, LLC.

Current Principal Place of Business:

8603 S. DIXIE HWY
SUITE 217
PINECREST, FL 33156

Current Mailing Address:

8603 S. DIXIE HWY.
SUITE 217
PINECREST, FL 33156 US

FEI Number: 20-5138583

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GONZALEZ, DAGOBERTO MBA, EA
8603 S. DIXIE HWY
SUITE 217
PINECREST, FL 33156 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: DAGOBERTO GONZALEZ

04/04/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title VPD
Name GONZALEZ, DAGOBERTO
Address 8603 S. DIXIE HWY.
SUITE 217
City-State-Zip: PINECREST FL 33156

Title PD
Name GONZALEZ, MARIA PILAR
Address 8603 S. DIXIE HWY
SUITE 217
City-State-Zip: PINECREST FL 33156

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: MARIA PILAR GONZALEZ

PD

04/04/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date