

**2023 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

04/14/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

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

**OFFICER**

04/14/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date