

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000001691

**Entity Name:** ENSO PSYCH GROUP, LLC

**Current Principal Place of Business:**

1114 THOMASVILLE ROAD  
SUITE W  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

1114 THOMASVILLE ROAD  
SUITE W  
TALLAHASSEE, FL 32303

**FEI Number:** 20-8187316

**Certificate of Status Desired:** No

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

DOMAN, SION  
1114 THOMASVILLE ROAD  
SUITE W  
TALLAHASSEE, FL 32303 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 MGRM  
Name DOMAN, SION  
Address 1114 THOMASVILLE ROAD, SUITE W  
City-State-Zip: TALLAHASSEE FL 32303

Title MGRM  
Name BAEZA, ANGELICA  
Address 1114 THOMASVILLE ROAD, SUITE W  
City-State-Zip: TALLAHASSEE FL 32303

*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:** SION DOMAN

MGRM

04/25/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date