# 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.

MGRM

SIGNATURE: SION DOMAN	

Electronic Signature of Signing Authorized Person(s) Detail

## 2015 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

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

Electronic Signature of Registered Agent

DOMAN, SION 1114THOMASVILLE 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:

#### Authorized Person(s) Detail :

Authorized Person(s) Detail :					
Title	MGRM	Title	MGRM		
Name	DOMAN, SION	Name	BAEZA, ANGELICA		
Address	1114 THOMASVILLE ROAD, SUITE W	Address	1114 THOMASVILLE ROAD, SUITE W		
City-State-Zip:	TALLAHASSEE FL 32303	City-State-Zip:	TALLAHASSEE FL 32303		

FILED Apr 29, 2015 Secretary of State CC4110168446

Certificate of Status Desired: No

04/29/2015

Date

Date