

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000042639

**Entity Name:** WEST BROWARD COUNSELING CENTER, LLC

**Current Principal Place of Business:**

2863 EXECUTIVE PARK DRIVE  
SUITE 106  
WESTON, FL 33331

**Current Mailing Address:**

2863 EXECUTIVE PARK DRIVE  
SUITE 106  
WESTON, FL 33331 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

BURNS, SHAWNDA  
2863 EXECUTIVE PARK DRIVE  
SUITE 106  
WESTON, FL 33331 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 MGR  
Name MONICA ARROYO, LCSW, P.A.  
Address 2863 EXECUTIVE PARK DRIVE, SUITE  
106  
City-State-Zip: WESTON FL 33331

Title MGR  
Name SHAWNDA P. BURNS, PL.  
Address 2863 EXECUTIVE PARK DRIVE, SUITE  
106  
City-State-Zip: WESTON FL 33331

*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:** SHAWNDA BURNS

**PSYCHOTHERAPIST**

**04/08/2020**

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

\_\_\_\_\_  
Date