

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000052843

Entity Name: DR. NYDIA CONRAD: COUNSELING AND PSYCHOLOGICAL ASSESSMENT SERVICES LLC

FILED
Jun 18, 2020
Secretary of State
9950898370CC

Current Principal Place of Business:

601 SOUTH HARBOR ISLAND BLVD
SUITE 109 TAMPA
LUTZ, FL 33602

Current Mailing Address:

601 SOUTH HARBOR ISLAND BLVD
SUITE 109
TAMPA, FL 33602 US

FEI Number: 27-2547798

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CONRAD, NYDIA DR
601 SOUTH HARBOR ISLAND BLVD
SUITE 109 TAMPA
LUTZ, FL 33602 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 CONRAD, NYDIA DR
Address 601 SOUTH HARBOR ISLAND BLVD
SUITE 109 TAMPA
City-State-Zip: LUTZ FL 33602

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: NYDIA CONRAD _____

OWNER

06/18/2020

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date