

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000052843

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

Current Principal Place of Business:

25344 WESLEY CHAPEL BLVD
LUTZ, FL 33559

Current Mailing Address:

25344 WESLEY CHAPEL BLVD
LUTZ, FL 33559 US

FEI Number: 27-2547798

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CONRAD, NYDIA DR
5050 17TH STREET
ZEPHYRHILLS, FL 33542 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 5050 17TH STREET
City-State-Zip: ZEPHYRHILLS FL 33542

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

MANAGER/ ONER

04/16/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date