

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000103504

Entity Name: PEDIATRIC AND ADULT COUNSELING CENTER, LLC

Current Principal Place of Business:

13260 SW 43RD ST
DAVIE, FL 33330

Current Mailing Address:

13260 SW 43RD STREET
DAVIE, FL 33330 US

FEI Number: 27-3600227

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GARCIA-MELLA CID, MARIA MLMFT
13260 SW 43RD ST
DAVIE, FL 33330 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 GARCIA-MELLA CID, MARIA MLMFT
Address 13260 SW 43RD STREET
City-State-Zip: DAVIE FL 33330

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: MARIA MARIA GARCIA-MELLA CID

MGRM

04/29/2021

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date