

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000070073

Entity Name: PRIMARY PSYCHOLOGY OF CENTRAL FLORIDA, LLC

Current Principal Place of Business:

2521 13TH STREET, SUITE F
SAINT CLOUD, FL 34769

Current Mailing Address:

2521 13TH STREET, SUITE F
SAINT CLOUD, FL 34769 US

FEI Number: 46-2758854

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SANTOS, YAMILA
2521 13TH STREET, SUITE F
SAINT CLOUD, FL 34769 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 SANTOS, YAMILA
Address 2521 13TH STREET, SUITE F
City-State-Zip: SAINT CLOUD FL 34769

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: YAMILA SANTOS

OWNER

01/17/2020

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date