

2018 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L13000097548

Entity Name: EMPOWERED FAMILY THERAPY SERVICES LLC

Current Principal Place of Business:

6620 SOUTHPOINT DRIVE SOUTH
SUITE # 201
JACKSONVILLE, FL 32216

Current Mailing Address:

11518 OAKBANK COURT
JACKSONVILLE, FL 32218

FEI Number: 46-3094877

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRUNO, JUANITA C PHD
6620 SOUTHPOINT DRIVE SOUTH
SUITE # 201
JACKSONVILLE, FL 32216 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: JUANITA C. BRUNO

07/20/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title CEO
Name BRUNO, JUANITA C PHD
Address 6620 SOUTHPOINT DRIVE SOUTH
 SUITE #201
City-State-Zip: JACKSONVILLE FL 32216

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: JUANITA C. BRUNO

PHD

07/20/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date