

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000085177

**Entity Name:** KASPER COUPLE & FAMILY THERAPY LLC

**Current Principal Place of Business:**

4300 BAYOU BLVD STE 21  
PENSACOLA, FL 32503

**Current Mailing Address:**

4300 BAYOU BLVD STE 21  
PENSACOLA, FL 32503 US

**FEI Number:** 46-5754791

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DURST JORDAN, CPA, PA  
4459-B HIGHWAY 90  
PACE, FL 32571 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 KASPER, MOLLY  
Address 4300 BAYOU BLVD STE 21  
City-State-Zip: PENSACOLA FL 32503

*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:** KASPER, MOLLY

**OWNER**

**04/28/2023**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date