

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000111560

Entity Name: ALL STATE COMMUNITY MENTAL HEALTH CENTER, LLC

Current Principal Place of Business:

18503 PINES BLVD
SUITE 308
PEMBROKE PINES, FL 33029

Current Mailing Address:

18503 PINES BLVD
SUITE 308
PEMBROKE PINES, FL 33029 US

FEI Number: 47-4377104

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FERNANDEZ, BEATRICE
18503 PINES BLVD
SUITE 308
PEMBROKE PINES, FL 33029 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: BEATRICE FERNANDEZ

03/21/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGING MEMBER
Name FERNANDEZ, BEATRICE
Address 18503 PINES BLVD
 SUITE 308
City-State-Zip: PEMBROKE PINES FL 33029

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: BEATRICE FERNANDEZ

MGR

03/21/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date