

**2019 FLORIDA LIMITED LIABILITY COMPANY AMENDED 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:** No

**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

12/16/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name PEREZ, YANELIS  
Address 18503 PINES BLVD  
SUITE 308  
City-State-Zip: PEMBROKE PINES FL 33029

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

MANAGING MEMBER

12/16/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date