

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000111560

**Entity Name:** ALL STATE COMMUNITY MENTAL HEALTH CENTER, LLC

**Current Principal Place of Business:**

220 SW 4TH AVE  
HALLANDALE , FL 33009

**Current Mailing Address:**

220 SW 4TH AVE  
HALLANDALE , FL 33009 US

**FEI Number:** 47-4377104

**Certificate of Status Desired:** No

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

FERNANDEZ, BEATRICE  
220 SW 4TH AVE  
HALLANDALE , FL 33009 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

02/07/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGING MEMBER  
Name           FERNANDEZ, BEATRICE  
Address        220 SW 4TH AVE  
City-State-Zip: HALLANDALE FL 33009

*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

**PRESIDENT**

02/07/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date