## 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000180831

Entity Name: ESLY VALDEON, LMFT, LLC

**Current Principal Place of Business:** 

2100 PONCE DE LEON BOULEVARD, SUITE 101 SUITE 1015 CORAL GABLES, FL 33134

## **Current Mailing Address:**

16336 NW 78 PLACE MIAMI LAKES, FL 33016

FEI Number: 47-5396578 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

ESLY VALDEON, LMFT, PRIVATE PRACTICE 2100 PONCE DE LEON BOULEVARD, SUITE 1015 CORAL GABLES, FL 33134 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: ESLY VALDEON 01/28/2020

Electronic Signature of Registered Agent

Date

FILED Jan 28, 2020

**Secretary of State** 

6407979221CC

## Authorized Person(s) Detail:

Title MGR

Name VALDEON, ESLY

Address 2100 PONCE DE LEON BOULEVARD,

**SUITE 1015** 

City-State-Zip: CORAL GABLES FL 33134

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: ESLY VALDEON, LMFT

Electronic Signature of Signing Authorized Person(s) Detail

**OWNER** 

01/28/2020

Date