

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000022022

**Entity Name:** PRIME PSYCHOLOGICAL SERVICES, LLC

**Current Principal Place of Business:**

680 NE 64 STREET  
#A411  
MIAMI, FL 33138

**Current Mailing Address:**

PO BOX 565473  
PINECREST, FL 33256-5473 US

**FEI Number:** 81-1558106

**Certificate of Status Desired:** No

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

CARRILLO, ROBERT  
680 NE 64 STREET  
#A411  
MIAMI, FL 33138 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            AMBR  
Name            CARRILLO, ROBERT  
Address        680 NE 64 ST #A411  
City-State-Zip: MIAMI FL 33138

*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:** ROBERT CARRILLO

AMBR

03/14/2021

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

\_\_\_\_\_ Date