

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000174952

**Entity Name:** LC PSYCHOTHERAPY SERVICES, LLC

**Current Principal Place of Business:**

REMOTELY  
NORTH VENICE, FL 34275

**Current Mailing Address:**

147 AVALINI WAY  
NORTH VENICE, FL 34275 US

**FEI Number: 81-4401686**

**Certificate of Status Desired:** No

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

CUSIC, LUANN  
147 AVALINI WAY  
NORTH VENICE, FL 34275 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 MGRM  
Name CUSIC, LUANN  
Address 147 AVALINI WAY  
City-State-Zip: NORTH VENICE FL 34275

*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:** LUANN CUSIC

**OWNER**

**04/22/2022**

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

\_\_\_\_\_  
Date