

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000174952

Entity Name: LC PSYCHOTHERAPY SERVICES, LLC

Current Principal Place of Business:

8 SORRENTO DRIVE, SUITE 1
OSPNEY, FL 34229

Current Mailing Address:

147 AVALINI WAY
NORTH VENICE, FL 34275 US

FEI Number: 81-4401686

Certificate of Status Desired: Yes

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

LMHC

01/18/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date