

**2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L16000231796

**Entity Name:** YOUTH THERAPY AND ASSESMENT, LLC

**Current Principal Place of Business:**

125 W. INDIANTOWN RD.  
103-A  
JUPITER, FL 33548

**Current Mailing Address:**

628 EASTWIND DR.  
NORTH PALM BEACH, FL 33408

**FEI Number:** 81-4820541

**Certificate of Status Desired:** No

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

TERRELL, AMANDA E  
628 EASTWIND DR  
NORTH PALM BEACH, FL 33408 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:** AMANDA E TERRELL

02/06/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name TERRELL, AMANDA E  
Address 628 EASTWIND DR  
City-State-Zip: NORTH PALM BEACH FL 33408

*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:** AMANDA TERRELL

AMANDA TERRELL

02/06/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date