

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000221412

**Entity Name:** STUART FAMILY THERAPY, LLC

**Current Principal Place of Business:**

819 SW FEDERAL HIGHWAY  
SUITE 200 B  
STUART, FL 34994

**Current Mailing Address:**

819 SW FEDERAL HIGHWAY  
SUITE 200 B  
STUART, FL 34994 US

**FEI Number:** 82-3354125

**Certificate of Status Desired:** No

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

MUMCU, KAREN LINDSAY LMFT  
819 SW FEDERAL HIGHWAY  
SUITE 200 B  
STUART, FL 34994 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:** KAREN LINDSAY MUMCU

03/04/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name MUMCU, KAREN LINDSAY LMFT  
Address 819 SW FEDERAL HIGHWAY, SUITE  
200 B  
City-State-Zip: STUART FL 34994

*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:** KAREN LINDSAY MUMCU

MGR, LMFT

03/04/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date