#### 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000122312

Entity Name: WOLF PSYCHOLOGICAL SERVICES, LLC

ity Name. WOLF F310HOLOGICAL SERVICES, L

# **Current Principal Place of Business:**

3270 SUNTREE BLVD, STE 2231 MELBOURNE. FL 32940

## **Current Mailing Address:**

3270 SUNTREE BLVD, STE 2231 MELBOURNE, FL 32940 US

FEI Number: 83-0571075 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

WOLF, JENNIFER L 3270 SUNTREE BLVD SUITE 2231 MELBOURNE, FL 32940 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

FILED Feb 12, 2019

**Secretary of State** 

0485982435CC

# Authorized Person(s) Detail:

Title AR

Name WOLF, JENNIFER L

Address 3270 SUNTREE BLVD, STE 2231

City-State-Zip: MELBOURNE FL 32940

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.