

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000157646

**Entity Name:** CONNECTED FAMILY COUNSELING LLC

**Current Principal Place of Business:**

2500 NW 50TH PLACE  
GAINESVILLE, FL 32605

**Current Mailing Address:**

2500 NW 50TH PL  
GAINESVILLE, FL 32605 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

TRICIA, RISPOLI  
2500 NW 50TH PLACE  
GAINESVILLE, FL 32605 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:** TRICIA RISPOLI

04/02/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name RISPOLI, TRICIA  
Address 2500 NW 50TH PLACE  
City-State-Zip: GAINESVILLE FL 32605

*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:** TRICIA RISPOLI

OWNER/OPERATOR

04/02/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date