

2021 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:

LEGALINC CORPORATE SERVICES INC.
5237 SUMMERLIN COMMONS
SUITE 400
FORT MYERS, FL 33907 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 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

05/01/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date