

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000174023

**Entity Name:** BETTER LIFE BEHAVIORAL SERVICES OF CENTRAL FLORIDA  
LLC

**FILED**  
**Jan 30, 2023**  
**Secretary of State**  
**8141874806CC**

**Current Principal Place of Business:**

1650 W. MAIN ST.  
LEESBURG, FL 34748

**Current Mailing Address:**

1650 W. MAIN ST.  
LEESBURG, FL 34748 US

**FEI Number: 83-1287305**

**Certificate of Status Desired: No**

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

GUERRERO, ANDRES  
1650 W. MAIN ST.  
LEESBURG, FL 34748 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              | Title           | AMBR              |
| Name            | GUERRERO, ANDRES  | Name            | GUERRERO, CHERYL  |
| Address         | 1650 W. MAIN ST.  | Address         | 1650 W. MAIN ST.  |
| City-State-Zip: | LEESBURG FL 34748 | City-State-Zip: | LEESBURG FL 34748 |

*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: ANDRES F GUERRERO**

**DIRECTOR**

**01/30/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date