2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2025
Secretary of State
6406672101CC

DOCUMENT# L18000243296

Entity Name: OAKS FAMILY COUNSELING LLC

Current Principal Place of Business:

7520 W UNIVERSITY AVE
SUITE A
GAINESVILLE, FL 32607

Current Mailing Address:

7520 W UNIVERSITY AVE
SUITE A
GAINESVILLE, FL 32607 US

FEI Number: 83-2270605

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORCORAN, ALLYSON G
8318 SW 103RD AVE
GAINESVILLE, FL 32608 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	MGR
Name	CORCORAN, ALLYSON G
Address	8318 SW 103RD AVE
City-State-Zip:	GAINESVILLE FL 32608

Title	AUTHORIZED MEMBER
Name	CORCORAN, RILEY M
Address	7520 W UNIVERSITY AVE SUITE A
City-State-Zip:	GAINESVILLE FL 32607

Title	AUTHORIZED MEMBER
Name	CORCORAN, ERIC C
Address	7520 W UNIVERSITY AVE SUITE A
City-State-Zip:	GAINESVILLE FL 32607

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: RILEY CORCORAN AUTHORIZED MEMBER 02/12/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date