

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000243296

Entity Name: OAKS FAMILY COUNSELING LLC**Current Principal Place of Business:**1204 NW 69TH TERR, SUITE F
GAINESVILLE, FL 32608**Current Mailing Address:**8318 SW 103RD AVE
GAINESVILLE, FL 32608 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, ERIC C
Address	1204 NW 69TH TERR, SUITE F
City-State-Zip:	GAINESVILLE FL 32608

Title	AUTHORIZED MEMBER
Name	CORCORAN, RILEY M
Address	1204 NW 69TH TERR, SUITE F
City-State-Zip:	GAINESVILLE FL 32608

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: ALLYSON G. CORCORAN

MGR

04/25/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date