# 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.

**OWNER/LMHC** 

SIGNATURE: AMANDA GURGEL

Electronic Signature of Signing Authorized Person(s) Detail

# Entity Name: ENLIGHTENED MIND COUNSELING LLC

# Current Principal Place of Business:

150 S. PINE ISLAND ROAD SUITE 332 SUNRISE, FL 33324

## **Current Mailing Address:**

DOCUMENT# L19000060856

1440 N. PARK DR. WESTON, FL 33326 UN

# FEI Number: 83-3826449

## Name and Address of Current Registered Agent:

GURGEL, AMANDA 1440 N. PARK DR WESTON , FL 33326 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

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## Authorized Person(s) Detail :

TitleMGRNameGURGEL, AMANDAAddress1440 > N. PARK DR.City-State-Zip:WESTON FL 33326

FILED Jan 29, 2022 Secretary of State 4430148826CC

Certificate of Status Desired: No

Date

01/29/2022 Date