

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000159203

**Entity Name:** EAST ORLANDO COUNSELING & WELLNESS LLC

**Current Principal Place of Business:**

222 SOVEREIGN CT  
ALTAMONTE SPRINGS, FL 32708

**Current Mailing Address:**

222 SOVEREIGN CT  
ALTAMONTE, FL 32701 US

**FEI Number:** 84-2137179

**Certificate of Status Desired:** No

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

TIMOTHY, KEIRON  
222 SOVEREIGN CT.  
ALTAMONTE SPRINGS, FL 32701 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 AP  
Name TIMOTHY, KEIRON  
Address 222 SOVEREIGN CT  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

*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:** KEIRON TIMOTHY

AP

09/13/2021

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

\_\_\_\_\_  
Date