

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000159203

Entity Name: EAST ORLANDO COUNSELING & WELLNESS LLC

Current Principal Place of Business:

1525 WEST BRAODWAY STREET
OVIEDO, FL 32765

Current Mailing Address:

854 LITTLE FAWN CT.
WINTER SPRINGS, FL 32708

FEI Number: 84-2137179

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

TIMOTHY, KEIRON
854 LITTLE FAWN CT.
WINTER SPRINGS, FL 32708 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 854 LITTLE FAWN CT.
City-State-Zip: WINTER SPRINGS FL 32708

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

05/08/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date