

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000166481

Entity Name: HOME FOR BALANCE PSYCHOTHERAPY GROUP, LLC

Current Principal Place of Business:

5300 W HILLSBORO BLVD #210A
COCONUT CREEK, FL 33073

Current Mailing Address:

5300 W HILLSBORO BLVD #210A
COCONUT CREEK, FL 33073 US

FEI Number: 84-2346143

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GAVIRIA, CAROLINA
5300 W HILLSBORO BLVD #210A
COCONUT CREEK, FL 33073 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 AMBR
Name CORTES, LISETTE
Address 5300 W HILLSBORO BLVD #210A
City-State-Zip: COCONUT CREEK FL 33073

Title AMBR
Name GAVIRIA, CAROLINA
Address 5300 W HILLSBORO BLVD #210A
City-State-Zip: COCONUT CREEK FL 33073

Title AMBR
Name BELTRAN, YANETH
Address 5300 W HILLSBORO BLVD #210A
City-State-Zip: COCONUT CREEK FL 33073

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: CAROLINA GAVIRIA

AMBR

02/26/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date