

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000210399

**FILED**  
**May 24, 2020**  
**Secretary of State**  
**8755955146CC**

**Entity Name:** BEHAVIORAL MIND WELLNESS: EVALUATION, PREVENTION & TREATMENT, LLC

**Current Principal Place of Business:**

415 W. VINE STREET  
KISSIMMEE, FL 34741

**Current Mailing Address:**

2516 BROSS DRIVE  
SAINT CLOUD, FL 34771 US

**FEI Number: 84-3694317**

**Certificate of Status Desired: Yes**

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

CAPELLA, CARMEN C DR.  
2516 BROSS DRIVE  
SAINT CLOUD, FL 34771 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 CAPELLA, CARMEN C DR.  
Address 2516 BROSS DRIVE  
City-State-Zip: SAINT CLOUD FL 34771

Title AMBR  
Name RODRIGUEZ, DERICK  
Address 2516 BROSS DRIVE  
City-State-Zip: SAINT CLOUD FL 34771

Title MGR  
Name RODRIGUEZ, ROCIO  
Address 1280 HONEY BLOSSON DR  
City-State-Zip: ORLANDO FL 32824

*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: CARMEN C. CAPELLA

MGR

05/24/2020

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

\_\_\_\_\_ Date