

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000279533

**Entity Name:** SHANNON L. HEALY, LMHC, LLC

**Current Principal Place of Business:**

549 NORTH WYMORE ROAD  
SUITE 110A  
MAITLAND, FL 32751

**Current Mailing Address:**

549 NORTH WYMORE ROAD  
SUITE 110A  
MAITLAND, FL 32751 US

**FEI Number:** 84-3912012

**Certificate of Status Desired:** No

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

HEALY, SHANNON L  
549 NORTH WYMORE ROAD  
SUITE 110A  
MAITLAND, FL 32751 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 OTHER, SOLE MMBER  
Name HEALY, SHANNON L  
Address 107 WHITECAPS CIRCLE  
City-State-Zip: MAITLAND FL 32751

*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:** SHANNON L HEALY

**SOLE MEMBER**

**04/29/2021**

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

\_\_\_\_\_  
Date