

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000283252

Entity Name: WINGS OF PSYCH LLC.

Current Principal Place of Business:

6281 SW 156 CT
MIAMI, FL 33193

Current Mailing Address:

6281 SW 156 CT
MIAMI, FL 33193 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOREJON, ELIZABETH
6281 SW 156 CT
MIAMI, FL 33193 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 MOREJON, ELIZABETH
Address 6281 SW 156 CT
City-State-Zip: MIAMI FL 33193

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: ELIZABETH MOREJON

MS

06/01/2020

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date