## 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000142041

Entity Name: GENEVIEVE MAY THERAPY, LLC

**Current Principal Place of Business:** 

4604 49TH STREET N

ST. PETERSBURG, FL 33709

## **Current Mailing Address:**

4604 49TH STREET N SUITE 1338 ST. PETERSBURG, FL 33709 US

FEI Number: 85-1295002 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

MAY, GENEVIEVE K 4604 49TH STREET N SUITE 1338 ST. PETERSBURG, FL 33709 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

FILED Apr 14, 2023

**Secretary of State** 

0808163353CC

## Authorized Person(s) Detail:

Title MGR

Address

Name MAY, GENEVIEVE

4604 49TH STREET N

**SUITE 1338** 

City-State-Zip: ST. PETERSBURG FL 33709

SIGNATURE: GENEVIEVE K MAY

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.

**MGR** 

Electronic Signature of Signing Authorized Person(s) Detail

04/14/2023 Date