

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000332571

**Entity Name:** SANTORRI PSYCHOTHERAPY LLC

**Current Principal Place of Business:**

1800 SUNSET HARBOUR DR.  
APT #810  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

1800 SUNSET HARBOUR DR.  
APT #810  
MIAMI BEACH, FL 33139

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

CHAMLEY-WATSON, SANTORRI M MISS  
1800 SUNSET HARBOUR DR.  
APT #810  
MIAMI BEACH, FL 33139 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            CEO  
Name            CHAMLEY-WATSON, SANTORRI M  
                    MISS  
Address        1800 SUNSET HARBOUR DR. #810  
City-State-Zip: MIAMI BEACH FL 33139

*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:** SANTORRI CHAMLEY-WATSON

CEO

09/21/2023

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

\_\_\_\_\_  
Date