

2021 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

04/28/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date