

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000362867

**Entity Name:** MIND REVIVE PSYCHIATRY LLC

**Current Principal Place of Business:**

4755 DRANE FIELD ROAD #103  
LAKELAND, FL 33811

**Current Mailing Address:**

4755 DRANE FIELD ROAD #103  
LAKELAND, FL 33811 US

**FEI Number:** 85-3907467

**Certificate of Status Desired:** No

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

ROBINSON, MARCUS  
4755 DRANE FIELD ROAD #103  
LAKELAND, FL 33811 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	MGR	Title	AUTHORIZED MEMBER
Name	ROBINSON, MARCUS	Name	ROBINSON, DELONIQUE J
Address	4755 DRANE FIELD ROAD #103	Address	4755 DRANE FIELD RD #103
City-State-Zip:	LAKELAND FL 33811	City-State-Zip:	LAKELAND, FL FL 33811

*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:** MARCUS ROBINSON

**MANAGER**

**01/05/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date