

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000024543

**Entity Name:** COMPREHENSIVE WELLNESS PSYCHOTHERAPY, LLC

**Current Principal Place of Business:**

126 SPARROW DR.  
#3A  
ROYAL PALM BEACH, FL 33411

**Current Mailing Address:**

126 SPARROW DR.  
#3A  
ROYAL PALM BEACH, FL 33411 US

**FEI Number:** 85-3430923

**Certificate of Status Desired:** Yes

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

BRITT PARKERSON, CANDACE E  
126 SPARROW DR.  
#3A  
ROYAL PALM BEACH, FL 33411 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            PARKERSON, CANDACE BRITT  
Address        126 SPARROW DR.  
                  #3A  
City-State-Zip: ROYAL PALM BEACH FL 33411

*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:** CANDACE BRITT PARKERSON

**OWNER**

**01/20/2024**

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

\_\_\_\_\_  
Date