

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000024543

Entity Name: COMPREHENSIVE WELLNESS PSYCHOTHERAPY, LLC

Current Principal Place of Business:

125 SOUTH STATE ROAD 7
STE. 104
WELLINGTON, FL 33414

Current Mailing Address:

125 SOUTH STATE ROAD 7
STE. 104
WELLINGTON, FL 33414

FEI Number: 85-3430923

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BRITT PARKERSON, CANDACE E
125 SOUTH STATE ROAD 7
STE. 104
WELLINGTON, FL 33414 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 BRITT PARKERSON, CANDACE E
Address 125 SOUTH STATE ROAD 7, SUITE
 104
City-State-Zip: WELLINGTON FL 33414

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 E. BRITT PARKERSON

AMBR

01/13/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date