

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000086368

**Entity Name:** THERAPEACE COUNSELING LLC

**Current Principal Place of Business:**

3725 W FLAGLER ST  
SUITE 122  
MIAMI, FL 33134

**Current Mailing Address:**

3725 W FLAGLER ST  
SUITE 122  
MIAMI, FL 33134 US

**FEI Number:** 86-1618910

**Certificate of Status Desired:** No

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

DA HORA, JACQUELIN  
3725 W FLAGLER ST  
SUITE 122  
MIAMI, FL 33134 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  
Name HORA, JACQUELIN D  
Address 3725 W FLAGLER ST  
SUITE 122  
City-State-Zip: MIAMI FL 33134

*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:** JACQUELIN DA HORA

MGR

02/25/2023

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

\_\_\_\_\_  
Date