

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000164114

**Entity Name:** FEEL MODERN MENTAL HEALTH LLC

**Current Principal Place of Business:**

6601 18TH WAY N  
ST. PETERSBURG, FL 33702

**Current Mailing Address:**

6601 18TH WAY N  
ST. PETERSBURG, FL 33702 UN

**FEI Number:** 86-3381705

**Certificate of Status Desired:** No

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

O'FLAHERTY, LAUREN  
6601 18TH WAY N  
ST. PETERSBURG, FL 33702 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:** LAUREN O'FLAHERTY

03/09/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name O'FLAHERTY, LAUREN  
Address 6601 18TH WAY N  
City-State-Zip: ST. PETERSBURG FL 33702

*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:** LAUREN M O'FLAHERTY

MGR

03/09/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date