## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000173351

Entity Name: SELECTIVE MUTISM H.E.L.P. LLC

**Current Principal Place of Business:** 

180 RIVA RIDGE PL SAINT JOHNS. FL 32259

**Current Mailing Address:** 

180 RIVA RIDGE PL

SAINT JOHNS. FL 32259 US

FEI Number: 85-2919505 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MELHORN, KELLY 180 RIVA RIDGE PL SAINT JOHNS, FL 32259 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

FILED Feb 05, 2025

**Secretary of State** 

6547547380CC

## Authorized Person(s) Detail:

Title MGR

Name MELHORN, KELLY Address 180 RIVA RIDGE PL

City-State-Zip: SAINT JOHNS FL 32259

SIGNATURE: KELLY MELHORN

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.

Electronic Signature of Signing Authorized Person(s) Detail

02/05/2025

**OWNER** 

Date