

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000275234

**Entity Name:** TABONO CLINICAL SUPERVISON AND COUNSELING LLC:

**Current Principal Place of Business:**

13130 LAKEWIND DRIVE  
CLERMONT, FL 34711

**Current Mailing Address:**

13130 LAKEWIND DRIVE  
CLERMONT, FL 34711

**FEI Number:** 87-1363797

**Certificate of Status Desired:** No

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

SMITH, VIRGINIA Y  
13130 LAKEWIND DRIVE  
CLERMONT, FL 34711 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	Title	MGR
Name	SMITH, DAVE M	Name	SMITH, VIRGINIA Y
Address	13130 :LAKEWIND DRIVE	Address	13130 LAKEWIND DRIVE
City-State-Zip:	CLERMONT FL 34711	City-State-Zip:	CLERMONT FL 34711

*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:** VIRGINIA Y SMITH

**MGR**

**04/15/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date