

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000283052

Entity Name: INVISIBLE WOUNDS COUNSELING LLC

Current Principal Place of Business:

1928 PROCTOR AVE
ORLANDO, FL 32817

Current Mailing Address:

2 PINE CONE DR
UNIT 351863
PALM COAST, FL 32137 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VILLOLDO, JESENIA
1928 PROCTOR AVE
ORLANDO, FL 32817 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 VILLOLDO, JESENIA
Address 1928 PROCTOR AVE
City-State-Zip: ORLANDO FL 32817

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: JESENIA VILLOLDO

AMBR

03/23/2023

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date