

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000383824

Entity Name: TRAUMA AND RESILIENCE CENTER, LLC**Current Principal Place of Business:**19300 WEST DIXIE HIGHWAY
SUITE 2
NORTH MIAMI BEACH, FL 33180**Current Mailing Address:**19300 WEST DIXIE HIGHWAY
SUITE 2
NORTH MIAMI BEACH, FL 33180 US**FEI Number:** 87-4624676**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MELANIA BENLOLO THERAPIST, LLC
19300 WEST DIXIE HIGHWAY
SUITE 2
NORTH MIAMI BEACH, FL 33180 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 HAUSMANN, VICKY
Address 19300 WEST DIXIE HIGHWAY, SUITE 2

City-State-Zip: NORTH MIAMI BEACH FL 33180

Title MGR
Name LEVY, FRANCINE
Address 19300 WEST DIXIE HIGHWAY, SUITE 2

City-State-Zip: NORTH MIAMI BEACH FL 33180

Title MGR
Name MELANIA BENLOLO THERAPIST, LLC
Address 19300 WEST DIXIE HIGHWAY
SUITE 2
City-State-Zip: NORTH MIAMI BEACH FL 33180Title MGR
Name FURTH, DAVID
Address 19300 WEST DIXIE HIGHWAY, SUITE 2

City-State-Zip: NORTH MIAMI BEACH FL 33180

Title MGR
Name SHIRO, EDITH PSYD PA
Address 19300 WEST DIXIE HIGHWAY
SUITE 2
City-State-Zip: NORTH MIAMI BEACH FL 33180

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: MELANIA BENLOLO THERAPIST, LLC

MGR

01/26/2022

Electronic Signature of Signing Authorized Person(s) Detail_____
Date