

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000409450

**Entity Name:** RUIZ PSYCH, LLC

**Current Principal Place of Business:**

550 MARY ESTHER CUT OFF #18 #176  
FORT WALTON BEACH, FL 32548

**Current Mailing Address:**

550 MARY ESTHER CUT OFF #18 #176  
FORT WALTON BEACH, FL 32548

**FEI Number:** 94-1687665

**Certificate of Status Desired:** No

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

RUIZ, ANASTASIA  
550 MARY ESTHER CUT OFF #18 #176  
FORT WALTON BEACH, FL 32548 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 RUIZ, ANASTASIA  
Address 550 MARY ESTHER CUT OFF #18 #176  
City-State-Zip: FORT WALTON BEACH FL 32548

Title AMBR  
Name RUIZ, MICHAEL  
Address 550 MARY ESTHER CUT OFF #18 #176  
City-State-Zip: FORT WALTON BEACH FL 32548

*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:** ANASTASIA RUIZ

AMBR

01/30/2023

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date