

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000422783

Entity Name: RECONNECTED: INDIVIDUAL, COUPLE AND FAMILY THERAPY, LLC

Current Principal Place of Business:

670 2ND STREET N.
SUITE C
SAFETY HARBOR, FL 34695

Current Mailing Address:

670 2ND STREET N.
SUITE C
SAFETY HARBOR, FL 34695 US

FEI Number: 87-3448030

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

POSTOLOWSKI, MELENA N
2406 COUNTRY TRAILS DRIVE
SAFETY HARBOR, FL 34695 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 OWNER
Name POSTOLOWSKI, MELENA
Address 670 2ND STREET N.
 SUITE C
City-State-Zip: SAFETY HARBOR FL 34695

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: MELENA POSTOLOWSKI

04/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date