

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000022056

Entity Name: FAMILY MENTAL HEALTH SERVICES OF SOUTH FLORIDA, LLC

Current Principal Place of Business:

1533 SUNSET DRIVE, SUITE 225
CORAL GABLES, FL 33143

Current Mailing Address:

1533 SUNSET DRIVE, SUITE 225
CORAL GABLES, FL 33143 US

FEI Number: 87-4741743

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MACHADO-FEUERMANN, NICHOLAS
1701 PURDY AVE
APT. 706
MIAMI BEACH, FL 33139 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	MACHADO-FEUERMANN, NICHOLAS	Name	HOLLMANN, ANDRES
Address	1701 PURDY AVE, APT. 706	Address	1701 PURDY AVE, APT. 706
City-State-Zip:	MIAMI BEACH FL 33139	City-State-Zip:	MIAMI BEACH FL 33139

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: NICHOLAS MACHADO-FEUERMANN

MEMBER MANAGER

01/29/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date