

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000064497

Entity Name: A.R.I.S.E. MENTAL HEALTH CONSULTING SERVICES, LLC

Current Principal Place of Business:

474 N. HARBOR CITY BLVD.
SUITE 3A
MELBOURNE, FL 32935

Current Mailing Address:

856 ORANGE BLOSSOM DR.
MELBOURNE, FL 32935 US

FEI Number: 88-0753168

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TALBOT, KRISTINA
856 ORANGE BLOSSOM DR.
MELBOURNE, FL 32935 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	AMBR
Name	TALBOT, KRISTINA	Name	TALBOT, DANIEL
Address	856 ORANGE BLOSSOM DR.	Address	856 ORANGE BLOSSOM DR.
City-State-Zip:	MELBOURNE FL 32935	City-State-Zip:	MELBOURNE FL 32935

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: KRISTINA TALBOT

OWNER

01/16/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date