

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000170217

Entity Name: CONNECT COUNSELING AND THERAPY, LLC

Current Principal Place of Business:

14422 SHORESIDE WAY
SUITE110-271
WINTER GARDEN, FL 34787

Current Mailing Address:

14422 SHORESIDE WAY
SUITE110-271
WINTER GARDEN, FL 34787 US

FEI Number: 88-3978891

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALEXANDRE, MIRSHA E
7120 BROWN PELICAN CT
WINTER GARDEN, FL 34787 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	MANAGER	Title	AUTHORIZED REPRESENTATIVE
Name	ALEXANDRE, CHARLO	Name	ALEXANDRE, MIRSHA
Address	7120 BROWN PELICAN CT	Address	14422 SHORESIDE WAY SUITE110-271
City-State-Zip:	WINTER GARDEN 34787	City-State-Zip:	WINTER GARDEN FL 34787

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: CHARLO ALEXANDRE

MANAGER

04/27/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date