

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000214595

Entity Name: CENTER FOR HOLISTIC MENTAL HEALTH COUNSELING PLLC

Current Principal Place of Business:

924 NORTH MAGNOLIA AVENUE
SUITE 202, UNIT 1056
ORLANDO, FL 32803

Current Mailing Address:

924 NORTH MAGNOLIA AVENUE
SUITE 202, UNIT 1056
ORLANDO, FL 32803 US

FEI Number: 88-2409779

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SIERRA, JENNIFER
924 NORTH MAGNOLIA AVENUE
SUITE 202, UNIT 1056
ORLANDO, FL 32803 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: JENNIFER SIERRA

04/29/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name SIERRA, JENNIFER
Address 924 NORTH MAGNOLIA AVENUE
SUITE 202, UNIT 1056
City-State-Zip: ORLANDO FL 32803

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: JENNIFER SIERRA

OPERATING MANAGER

04/29/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date