

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000300186

Entity Name: SOWKA PSYCHOTHERAPY AND CONSULTATION, LLC

Current Principal Place of Business:

321 W. ALFRED STREET
TAVARES, FL 32778

Current Mailing Address:

321 W. ALFRED STREET
TAVARES, FL 32778 US

FEI Number: 88-3095823

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SOWKA, MELINDA M
321 W. ALFRED STREET
TAVARES, FL 32778 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 AMBR
Name SOWKA, MELINDA M
Address 4883 TREASURE CAY ROAD
City-State-Zip: TAVARES FL 32778

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: MELINDA SOWKA

OWNER

01/17/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date