

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000330226

**Entity Name:** BURD MENTAL HEALTH LLC

**Current Principal Place of Business:**

65 WINGED ELM COURT  
ST AUGUSTINE, FL 32092

**Current Mailing Address:**

65 WINGED ELM COURT  
ST AUGUSTINE, FL 32092 US

**FEI Number:** 92-0775976

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

BURD, LINDSEY J  
65 WINGED ELM COURT  
ST AUGUSTINE, FL 32092 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  
Name BURD, LINDSEY J  
Address 65 WINGED ELM COURT  
City-State-Zip: ST AUGUSTINE FL 32092

*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:** LINDSEY BURD

MGR

04/04/2023

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date