

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000511792

Entity Name: SEVEN OAKS THERAPY LLC

Current Principal Place of Business:

11512 LAKE MEAD AVE, STE. 405
JACKSONVILLE, FL 32256

Current Mailing Address:

11512 LAKE MEAD AVE, STE. 405
JACKSONVILLE, FL 32256 US

FEI Number: 92-1111111

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WHITE, RACHEL
11512 LAKE MEAD AVE, STE. 405
JACKSONVILLE, FL 32256 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 AUTHORIZED MEMBER
Name WHITE, RACHEL R
Address 11512 LAKE MEAD AVE, STE. 405
City-State-Zip: JACKSONVILLE FL 32256

Title AMBR
Name WHITE, PAUL E
Address 2178 AVIAN PLACE
City-State-Zip: JACKSONVILLE FL 32224

Title AMBR
Name WHITE-HARRIS, ABIGSIL
Address 501 SHADY PARK TRL
City-State-Zip: HEWITT TX 76643

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: RACHEL WHITE

AUTHORIZED MEMBER

04/22/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date