

2023 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: 92-1461475

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

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

02/20/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date