

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000189166

Entity Name: PSYCHOLOGICAL SERVICES AND TRAINING, LLC

Current Principal Place of Business:

4409 HOFFNER AVENUE
269
ORLANDO, FL 32812

Current Mailing Address:

4409 HOFFNER AVENUE
269
ORLANDO, FL 32812

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EADES, REBECCA PHD
4409 HOFFNER AVENUE
269
ORLANDO, FL 32812 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 EADES, REBECCA PHD
Address 4409 HOFFNER AVENUE
City-State-Zip: ORLANDO FL 32812

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: REBECCA EADES

MGR

04/03/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date