

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000218863

Entity Name: REFLEX PSYCHOTHERAPY LLC

Current Principal Place of Business:

755 SE 1ST WAY
DEERFIELD BEACH, FL 33441

Current Mailing Address:

755 SE 1ST WAY
DEERFIELD BEACH, FL 33441 US

FEI Number: 92-3869028

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROBBINS, DARBY R
755 SE 1ST WAY
DEERFIELD BEACH, FL 33441 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 AP
Name ROBBINS, DARBY R
Address 755 SE 1ST WAY
City-State-Zip: DEERFIELD BEACH FL 33441

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: DARBY ROBBINS

04/27/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date