

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000242346

Entity Name: MANGO PSYCHIATRIC SERVICES, LLC

Current Principal Place of Business:

5850 LAKE LIZZIE DR
SAINT CLOUD, FL 34771

Current Mailing Address:

5850 LAKE LIZZIE DR
SAINT CLOUD, FL 34771 US

FEI Number: 93-1418313

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HRYCKO, NICOLE M
5850 LAKE LIZZIE DR
SAINT CLOUD, FL 34771 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	Title	MGR
Name	HRYCKO, NICOLE M	Name	HRYCKO, BRIAN E
Address	5850 LAKE LIZZIE DR	Address	5850 LAKE LIZZIE DR
City-State-Zip:	SAINT CLOUD FL 34771	City-State-Zip:	SAINT CLOUD FL 34771

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: NICOLE HRYCKO

MANAGER

03/21/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date