

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000427960

**Entity Name:** JOYFUL HEART COUNSELING LLC

**Current Principal Place of Business:**

900 VIRGINIA AVE  
SUITE 7  
FORT PIERCE, FL 34982

**Current Mailing Address:**

1700 MALLARD CT  
FT PIERCE, FL 34982 US

**FEI Number:** 93-3418089

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KEEN, PAMALA S  
1700 MALLARD CT  
FORT PIERCE, FL 34982 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 KEEN, PAMALA S  
Address 1700 MALLARD CT  
City-State-Zip: FORT PIERCE FL 34982

*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:** PAMALA S KEEN

**MANAGER**

**04/23/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date