

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000479030

Entity Name: CONSCIOUS BEHAVIOR THERAPY, LLC

Current Principal Place of Business:

14700 SOUTHWEST 248TH STREET
PRINCETON, FL 33032

Current Mailing Address:

14700 SOUTHWEST 248TH STREET
PRINCETON, FL 33032

FEI Number: 99-0915145

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FALCONE, NICHOLAS
14700 SOUTHWEST 248TH STREET
PRINCETON, FL 33032 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 SOLE MANAGER
Name FALCONE, NICHOLAS
Address 14700 SW 248TH ST
City-State-Zip: PRINCETON FL 33032

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: NICHOLAS FALCONE

SOLE MANAGER

04/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date