

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000497768

Entity Name: FAMILY & ADOLESCENT BEHAVIORAL WELLNESS SOLUTIONS
LLC

FILED
Apr 05, 2024
Secretary of State
8373490076CC

Current Principal Place of Business:

4365 NORTHLAKE BLVD
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

4365 NORTHLAKE BLVD
PALM BEACH GARDENS, FL 33410 US

FEI Number: 93-4359939

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RYAN, MATTHEW C
10560 ARCOLE CT
WELLINGTON, FL 33449 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: MATTHEW C. RYAN

04/05/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	RYAN, MATTHEW C	Name	LEVENSON, MICHAEL J
Address	10560 ARCOLE CT	Address	10560 ARCOLE CT
City-State-Zip:	WELLINGTON FL 33449	City-State-Zip:	WELLINGTON FL 33449

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: MATTHEW C. RYAN

MANAGER

04/05/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date