

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L24000374664

**Entity Name:** BLESSED MINDS THERAPY LLC

**Current Principal Place of Business:**

18501 PINES BLVD  
SUITE 345  
MIAMI, FL 33029

**Current Mailing Address:**

18501 PINES BLVD  
SUITE 345  
MIAMI, FL 33029 US

**FEI Number:** 99-4696255

**Certificate of Status Desired:** No

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

ECHEVARRIA, MARCEL SR.  
6703 SW 105 AVE.  
MIAMI, FL 33173 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 ECHEVARRIA, MARCEL  
Address 6703 SW 105 AVE.  
City-State-Zip: MIAMI FL 33173

*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:** MARCEL ECHEVARRIA

MGR

02/07/2025

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

\_\_\_\_\_  
Date