

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000002811

Entity Name: MIND WORKS PSYCHOTHERAPY, LLC

Current Principal Place of Business:

481 E HIGHWAY 50, SUITE #203
CLERMONT, FL 34711

Current Mailing Address:

481 E. HWY 50
203
CLERMONT, FL 34711 US

FEI Number: 56-2552138

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHAUFLE, LISA A
481 E. HWY 50
203
CLERMONT, FL 34711 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 SCHAUFLE, LISA A
Address 481 E. HWY 50
203
City-State-Zip: CLERMONT FL 34711

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: LISA A. SCHAUFLE

OWNER

04/28/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date