2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000063556

Entity Name: BEACON HYPNOTHERAPY INSTITUTE, LLC.

FILED
Apr 04, 2024
Secretary of State
0550539795CC

Current Principal Place of Business:

8603 S. DIXIE HWY SUITE 217 PINECREST, FL 33156

Current Mailing Address:

8603 S. DIXIE HWY. SUITE 217 PINECREST, FL 33156 US

FEI Number: 20-5138583 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GONZALEZ, DAGOBERTO MBA, EA 8603 S. DIXIE HWY SUITE 217 PINECREST, FL 33156 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: DAGOBERTO GONZALEZ 04/04/2024

Electronic Signature of Registered Agent Date

Authorized Person(s) Detail:

Title VPD Title PD

Name GONZALEZ, DAGOBERTO Name GONZALEZ, MARIA PILAR

Address 8603 S. DIXIE HWY. Address 8603 S. DIXIE HWY

SUITE 217 SUITE 217

City-State-Zip: PINECREST FL 33156 City-State-Zip: PINECREST FL 33156

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.