

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000076518

**Entity Name:** KATHLEEN FITZPATRICK LMHC, LLC

**Current Principal Place of Business:**

500 DELANEY AVE  
SUITE 101  
ORLANDO, FL 32801

**Current Mailing Address:**

50 WILBUR AVE  
AUBURN, NY 13021 US

**FEI Number:** 26-0590437

**Certificate of Status Desired:** No

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

FITZPATRICK, KATHLEEN  
500 DELANEY AVE  
SUITE 101  
ORLANDO, FL 32801 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 MGRM  
Name FITZPATRICK, KATHLEEN  
Address 50 WILBUR AVE  
City-State-Zip: AUBURN NY 13021

*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:** KATHLEEN FITZPATRICK

**OWNER**

**03/31/2023**

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

\_\_\_\_\_  
Date