

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000127119

**Entity Name:** CATALINA JACOBS-FERNANDEZ, PSY.D., PLLC

**Current Principal Place of Business:**

101 MAJORCA AVENUE  
CORAL GABLES, FL 33134

**Current Mailing Address:**

101 MAJORCA AVENUE  
CORAL GABLES, FL 33134 US

**FEI Number:** 46-1191385

**Certificate of Status Desired:** No

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

FERNANDEZ-JACOBS, MANUEL  
1012 MILAN AVENUE  
CORAL GABLES, FL 33134 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 JACOBS-FERNANDEZ, CATALINA  
ROSA PSY.D.  
Address 101 MAJORCA AVENUE  
City-State-Zip: CORAL GABLES FL 33134

*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:** CATALINA JACOBS-FERNANDEZ, PSY.D.

MGRM

04/04/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date