

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000127119

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

**Current Principal Place of Business:**

11880 BIRD ROAD  
SUITE 219  
MIAMI, FL 33175

**Current Mailing Address:**

11880 BIRD ROAD  
SUITE 219  
MIAMI, FL 33175 US

**FEI Number:** NOT APPLICABLE

**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  
Address 11880 BIRD ROAD SUITE 219  
City-State-Zip: MIAMI FL 33175

*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

**MANAGER**

**01/10/2017**

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

\_\_\_\_\_  
Date