

2024 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:

1012 MILAN 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.

OWNER

02/06/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date