

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000146759

**Entity Name:** YOLANDA HARPER, LCSW, LLC

**Current Principal Place of Business:**

1527 DALE MABRY HWY, #103  
LUTZ, FL 33548

**Current Mailing Address:**

1527 DALE MABRY HWY, #103  
LUTZ, FL 33548 US

**FEI Number:** 47-2664202

**Certificate of Status Desired:** No

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

HARPER, YOLANDA  
18137 ROSEATE DR  
LUTZ, FL 33558 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	Title	AUTHORIZED REPRESENTATIVE
Name	HARPER, YOLANDA	Name	HARPER, SHAMON
Address	1527 DALE MABRY HWY, #103	Address	1527 DALE MABRY HWY, #103
City-State-Zip:	LUTZ FL 33548	City-State-Zip:	LUTZ FL 33548

*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:** YOLANDA HARPER

**OWNER**

**02/05/2024**

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

\_\_\_\_\_  
Date