

2018 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L15000202038

Entity Name: NEW HORIZONS MENTAL HEALTH LLC

Current Principal Place of Business:

7074 GROVE ROAD
BROOKSVILLE, FL 34609

Current Mailing Address:

PO BOX 3399
SPRING HILL, FL 34611 US

FEI Number: 81-0792116

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MATHUR, NIVEDITA
7074 GROVE ROAD
BROOKSVILLE, FL 34609 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: NIVEDITA MATHUR

10/19/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name MATHUR, NIVEDITA
Address 7074 GROVE ROAD
City-State-Zip: BROOKSVILLE FL 34609

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: NIVEDITA MATHUR

10/19/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date