

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000071575

Entity Name: RESILIENT MIND CARE LLC

Current Principal Place of Business:

4109 NAVIGATOR WAY
KISSIMEE, FL 34746

Current Mailing Address:

4109 NAVIGATOR WAY
KISSIMEE, FL 34746 UN

FEI Number: 81-2256598

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RAMOS, JOVAN
4109 NAVIGATOR WAY
KISSIMEE, FL 34746 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 MGR
Name RAMOS, JOVAN
Address 4109 NAVIGATOR WAY
City-State-Zip: KISSIMEE FL 34746

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: JOVAN J. RAMOS OFRAY

CBHCM

05/01/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date