

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000106515

**Entity Name:** LARSON PSYCHOLOGICAL SERVICES, LLC

**Current Principal Place of Business:**

122 4TH AVENUE  
SUITE 200  
INDIALANTIC, FL 32903

**Current Mailing Address:**

122 4TH AVENUE  
SUITE 200  
INDIALANTIC, FL 32903 US

**FEI Number:** 81-2856824

**Certificate of Status Desired:** No

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

LARSON, MOLLY  
122 4TH AVENUE  
SUITE 200  
INDIALANTIC, FL 32903 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 LARSON, MOLLY  
Address 122 4TH AVENUE, SUITE 200  
City-State-Zip: INDIALANTIC FL 32903

Title AP  
Name PROCTOR, DARBY  
Address 1854 FICUS POINT DRIVE  
City-State-Zip: MELBOURNE FL 32940

*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:** MOLLY LARSON

PH.D.

01/19/2021

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

\_\_\_\_\_  
Date