

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000137086

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

**Current Principal Place of Business:**

9414 SW 185TH ST  
CUTLER BAY, FL 33157

**Current Mailing Address:**

9414 SW 185TH ST  
CUTLER BAY, FL 33157 US

**FEI Number:** 46-1726341

**Certificate of Status Desired:** No

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

RIOS, NICHOLAS J  
9414 SW 185TH ST  
CUTLER BAY, FL 33157 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 RIOS, NICHOLAS J  
Address 16078 FAIRWAY CIRCLE  
City-State-Zip: WESTON FL 33326

*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:** NICHOLAS RIOS

**PRESIDENT**

**03/15/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date