

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000194708

**Entity Name:** CHERYLL ROBERTSON CLINICAL HYPNOTHERAPIST, LLC

**Current Principal Place of Business:**

13 TARRAGONA CT  
SAINT AUGUSTINE, FL 32086-7635

**Current Mailing Address:**

13 TARRAGONA CT  
ST AUGUSTINE, FL 32086

**FEI Number: 82-2845428**

**Certificate of Status Desired: No**

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

ROBERTSON, CHERYLL  
13 TARRAGONA CT  
ST AUGUSTINE, FL 32086 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 ROBERTSON, CHERYLL  
Address 13 TARRAGONA CT  
City-State-Zip: ST AUGUSTINE FL 32086

*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: CHERYLL ROBERTSON**

**MGR**

**01/15/2023**

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

\_\_\_\_\_  
Date