

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000246877

**Entity Name:** MCNULTY COUNSELING & WELLNESS, LLC

**Current Principal Place of Business:**

111 2ND AVE NE  
SUITE 640  
ST PETERSBURG, FL 33701

**Current Mailing Address:**

354 18TH AVE NE  
ST PETERSBURG, FL 33704 US

**FEI Number:** 82-3926849

**Certificate of Status Desired:** No

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

MCNULTY COUNSELING & WELLNESS, LLC.  
111 2ND AVE NE  
STE 640  
ST. PETERSBURG, FL 33701 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:** TRAVIS MCNULTY

**04/24/2023**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name MCNULTY, TRAVIS M  
Address 354 18TH AVE NE  
City-State-Zip: ST. PETERSBURG FL 33704

*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:** TRAVIS MCNULTY

**MGR**

**04/24/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date