

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000263040

Entity Name: ORION MENTAL HEALTH CENTER LLC

Current Principal Place of Business:

1460 NW 107TH AVE STE N
STE N
SWEETWATER, FL 33172-2733

Current Mailing Address:

1460 NW 107TH AVE STE N
STE N
SWEETWATER, FL 33172-2733 US

FEI Number: 82-3834421

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHEPE, LAZARO
1460 NW 107TH AVE STE N
MIAMI, FL 33172-2733 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: LAZARO CHEPE

02/23/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR, MANAGER
Name CHEPE, LAZARO
Address 1460 NW 107TH AVE STE N
City-State-Zip: MIAMI FL 33172-2733

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: CHEPE, LAZARO

MGR, MANAGER

02/23/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date