

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000020259

Entity Name: MOBILE MENTAL HEALTH COUNSELORS, LLC

Current Principal Place of Business:

10001 SALINA ST
FORT MYERS, FL 33905

Current Mailing Address:

10001 SALINA ST
FORT MYERS, FL 33905 US

FEI Number: 82-4222578

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOREIRA, CARLOS F
10001 SALINA ST
FORT MYERS, FL 33905 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 MOREIRA, CARLOS F
Address 10001 SALINA ST
City-State-Zip: FORT MYERS FL 33905

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: CARLOS F MOREIRA

AGENT

04/15/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date