

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000031866

Entity Name: TALK2THERAPY, LLC

Current Principal Place of Business:

2591 SW COUNTY ROAD 347
CEDAR KEY, FL 32625

Current Mailing Address:

PO BOX 833
CEDAR KEY, FL 32625 US

FEI Number: 82-4302361

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOSCHEN, DIRK
2591 SW COUNTY ROAD 347
CEDAR KEY, FL 32625 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 AMBR
Name BOSCHEN, DIRK
Address 2591 SW COUNTY ROAD 347
City-State-Zip: CEDAR KEY FL 32625

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: DIRK BOSCHEN

AMBR

03/13/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date