

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000052141

**Entity Name:** UPLIFT PSYCHOTHERAPY CENTER LLC

**Current Principal Place of Business:**

225 S SWOOPE AVE  
#201  
MAITLAND, FL 32751

**Current Mailing Address:**

225 S SWOOPE AVE  
#201  
MAITLAND, FL 32751 US

**FEI Number:** 92-1267717

**Certificate of Status Desired:** Yes

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

VIVOD, ALESSIA M  
225 S SWOOPE AVE  
#201  
MAITLAND, FL 32751 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 VIVOD, ALESSIA M  
Address 225 S SWOOPE AVE  
#201  
City-State-Zip: MAITLAND FL 32751

*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:** ALESSIA VIVOD

MGR

02/06/2024

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

\_\_\_\_\_  
Date