

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000105200

**Entity Name:** SQUARE PEGS BEHAVIOR SOLUTIONS, LLC

**Current Principal Place of Business:**

904 FLOWER AVE.  
PANAMA CITY, FL 32401

**Current Mailing Address:**

904 FLOWER AVE.  
PANAMA CITY, FL 32401 US

**FEI Number: 83-1097509**

**Certificate of Status Desired: No**

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

SEATON, ANGELA  
904 FLOWER AVE.  
PANAMA CITY, FL 32401 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	Title	VP
Name	SEATON, ANGELA	Name	ANGIER, DAVID
Address	904 FLOWER AVE.	Address	904 FLOWER AVE.
City-State-Zip:	PANAMA CITY FL 32401	City-State-Zip:	PANAMA CITY FL 32401

*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: ANGELA SEATON**

**CO-OWNER**

**01/09/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date