## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000130270

Entity Name: KIND MINDS PSYCHOLOGY, LLC.

**Current Principal Place of Business:** 

3081 SALZEDO ST.

202-EE

CORAL GABLES, FL 33134

**Current Mailing Address:** 

3020 NORTHWEST 125TH AVENUE

222

SUNRISE, FL 33323 US

FEI Number: 90-2335620 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PERALTA, LUISA 3020 NORTHWEST 125TH AVENUE 222

SUNRISE, FL 33323 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

FILED Jan 09, 2025

**Secretary of State** 

0273080288CC

## Authorized Person(s) Detail:

Title MGR

Name PERALTA, LUISA

Address 3020 NORTHWEST 125TH AVENUE

222

City-State-Zip: SUNRISE FL 33323

SIGNATURE: PERALTA, LUISA

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.

**MGR** 

Electronic Signature of Signing Authorized Person(s) Detail

01/09/2025

Date