

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000130270

**Entity Name:** KIND MINDS PSYCHOLOGY, LLC.

**Current Principal Place of Business:**

9511 WELDON CIR APT G410  
TAMARAC, FL 33321-0921

**Current Mailing Address:**

9511 WELDON CIR APT G410  
TAMARAC, FL 33321-0921 US

**FEI Number:** 82-4471227

**Certificate of Status Desired:** No

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

PERALTA, LUISA  
9511 WELDON CIR APT G410  
TAMARAC, FL 33321-0921 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 PERALTA, LUISA  
Address 9511 WELDON CIR APT G410  
City-State-Zip: TAMARAC FL 33321-0921

*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:** LUISA PERALTA

MNG

02/26/2020

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

\_\_\_\_\_  
Date