

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000203899

**Entity Name:** NORELUS COUNSELING AND FAMILY CENTER LLC

**Current Principal Place of Business:**

18441 NW 2ND AVE  
SUITE 216  
MIAMI, FL 33169

**Current Mailing Address:**

18441 NW 2ND AVE  
SUITE 216  
MIAMI, FL 33169 US

**FEI Number:** 83-1794547

**Certificate of Status Desired:** Yes

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

NORELUS, AROLD  
18441 NW 2ND AVENUE, SUITE 216  
MIAMI, FL 33169 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:** AROLD NORELUS

03/07/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name NORELUS, EKIUWA T  
Address 18441 NW 2ND AVE SUITE 216  
City-State-Zip: MIAMI FL 33169

Title MGR  
Name NORELUS, AROLD  
Address 18441 NW 2ND AVE SUITE 216  
City-State-Zip: MIAMI FL 33169

*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:** EKIUWA NORELUS

OWNER/THERAPIST

03/07/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date