

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000267394

**Entity Name:** FAMILY PRESERVATION SERVICES OF FLORIDA, LLC

**Current Principal Place of Business:**

3925 N I10 SERVICE RD  
STE 117  
METAIRIE, LA 70002

**Current Mailing Address:**

10304 SPOTSYLVANIA AVE STE 300  
FREDERICKSBURG, VA 22408 US

**FEI Number:** 65-0848685

**Certificate of Status Desired:** No

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

CAPITOL CORPORATE SERVICES, INC.  
515 E PARK AVE 2 FL  
TALLAHASSEE, FL 32301 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	MANAGER
Name	HUANG, STANLEY
Address	1999 AVE OF THE STARS STE 2810
City-State-Zip:	LOS ANELES CA 90067
Title	MANAGER
Name	WIGGINTON, STEVEN
Address	10304 SPOTSYLVANIA AVE STE 300
City-State-Zip:	FREDERICKSBURG VA 22408

Title	MANAGER
Name	MONTES, JOYCE A
Address	10304 SPOTSYLVANIA AVE STE 300
City-State-Zip:	FREDERICKSBURG VA 22408
Title	MANAGER
Name	ROSENBERGER, RONALD L
Address	10304 SPOTSYLVANIA AVE STE 300
City-State-Zip:	FREDERICKSBURG VA 22408

*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:** JOYCE A MONTES

**MANAGER AND  
SECRETARY**

**04/23/2024**

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

\_\_\_\_\_  
Date