

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000083556

Entity Name: ADOLFF BILINGUAL PSYCHOLOGICAL SERVICES, LLC

Current Principal Place of Business:

2813 EXECUTIVE PARK DRIVE
SUITE 134
WESTON, FL 33331-3603

Current Mailing Address:

2813 EXECUTIVE PARK DRIVE
SUITE 134
WESTON, FL 33331-3603 US

FEI Number: 83-4231242

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ADOLFF, KARIN M
1157 NW 133RD AVE
PEMBROKE PINES, FL 33028 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 ADOLFF, KARIN M
Address 1157 NW 133RD AVE
City-State-Zip: PEMBROKE PINES FL 33028

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: KARIN ADOLFF

DR.

04/30/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date