

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000120155

**Entity Name:** PSYCHOHEALTH LLC

**Current Principal Place of Business:**

232 GROUND DOVE CIRC  
LEHIGH ACRES, FL 33936

**Current Mailing Address:**

232 GROUND DOVE CIRC  
LEHIGH ACRES, FL 33936 US

**FEI Number:** 84-1735118

**Certificate of Status Desired:** No

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

GONZALEZ GARCIA, MISLEYDIS  
232 GROUND DOVE CIRC  
LEHIGH ACRES, FL 33936 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            AMBR  
Name            GONZALEZ GARCIA, MISLEYDIS  
Address        232 GROUND DOVE CIRC  
City-State-Zip: LEHIGH ACRES FL 33936

*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:** MISLEYDIS GONZALEZ GARCIA

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02/19/2025

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

\_\_\_\_\_  
Date