

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000130861

**Entity Name:** LEVEL OF CONSCIOUSNESS SERVICES LLC

**Current Principal Place of Business:**

1305 S FORT HARRISON AVE STE E  
E  
CLEARWATER, FL 33756

**Current Mailing Address:**

1305 S FORT HARRISON AVE STE E  
E  
CLEARWATER, FL 33756 UN

**FEI Number:** 83-4571350

**Certificate of Status Desired:** No

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

MANITSAS, SARAH MD  
1305 S FORT HARRISON AVE  
SUITE E  
CLEARWATER, FL 33756 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:** SARAH MANITSAS

04/18/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name BERNER, JODY  
Address 1305 S FORT HARRISON AVE STE E  
City-State-Zip: CLEARWATER FL 33756

Title MGR/OWNER  
Name MOORE, ANMARIE EASLEY  
Address 1305 S FORT HARRISON AVE STE E  
E  
City-State-Zip: CLEARWATER FL 33756

Title MGR/OWNER  
Name MANITSAS, SARAH C  
Address 1305 S FORT HARRISON AVE STE E  
E  
City-State-Zip: CLEARWATER FL 33756

*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:** DR JODY BERNER

MANAGER

04/18/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date