

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000172317

Entity Name: MARTHA FAY, LCSW BEACHSIDE MENTAL HEALTH COUNSELING PLLC

Current Principal Place of Business:

5050 OCEAN BEACH BLVD, 103
COCOA BEACH, FL 32931

Current Mailing Address:

5050 OCEAN BEACH BLVD, 103
COCOA BEACH, FL 32931 US

FEI Number: 84-2442980

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FAY, MARTHA KINMAN
5050 OCEAN BEACH BLVD, 103
COCOA BEACH, FL 32931 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: MARTHA KINMAN FAY

06/01/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	FAY, MARTHA	Name	CUMBESS, ASHLEY
Address	5050 OCEAN BEACH BLVD, 103	Address	5050 OCEAN BEACH BLVD, 103
City-State-Zip:	COCOA BEACH FL 32931	City-State-Zip:	COCOA BEACH FL 32931

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: MARTHA KINMAN FAY

**CHIEF OPERATING
OFFICER AND CLINICAL
DIRECTOR**

06/01/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date