

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000277868

**Entity Name:** COLLEGIATE COUNSELING SERVICES LLC

**Current Principal Place of Business:**

3539 NW 18 TERR  
MIAMI, FL 33125

**Current Mailing Address:**

3539 NW 18 TERR  
MIAMI, FL 33125 US

**FEI Number:** 86-3638508

**Certificate of Status Desired:** No

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

BANCHS, PATRICIA APRN-BC  
3539 NW 18 TERR  
MIAMI, FL 33125 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:** PATRICIA BANCHS

04/03/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name BANCHS, PATRICIA  
Address 3539 NW 18 TERR  
City-State-Zip: MIAMI FL 33125

*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:** PATRICIA BANCHS

MANAGER

04/03/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date