

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000298137

**Entity Name:** NEW DAY MENTAL HEALTH COUNSELING, LLC

**Current Principal Place of Business:**

401 E JACKSON ST  
3300  
TAMPA, FL 33602

**Current Mailing Address:**

5120 W LONGFELLOW AVE  
TAMPA, FL 33629 US

**FEI Number:** 84-4112816

**Certificate of Status Desired:** No

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

HELDFOND, NADIA  
5120 W LONGFELLOW AVE  
TAMPA, FL 33629 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                   | Title           | MGR                |
| Name            | HELDFOND, NADIA       | Name            | PATERSON, KELSEY   |
| Address         | 5120 W LONGFELLOW AVE | Address         | 16112 HIGHLAND AVE |
| City-State-Zip: | TAMPA FL 33629        | City-State-Zip: | LUTZ FL 33548      |

*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:** NADIA G HELDFOND

**MGR**

**04/21/2023**

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

\_\_\_\_\_  
Date