

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000005590

**Entity Name:** INSIGHT COUNSELING JACKSONVILLE, PLLC

**Current Principal Place of Business:**

2905 CORINTHIAN AVE STE 4  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

2905 CORINTHIAN AVE STE 4  
JACKSONVILLE, FL 32210 US

**FEI Number:** 84-4230856

**Certificate of Status Desired:** No

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

ROBINSON COLLINS, P.L.  
1604 STOCKTON STREET  
JACKSONVILLE, FL 32204 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  
Name MOOREHEAD, J.D. JR.  
Address 2905 CORINTHIAN AVE STE 4  
City-State-Zip: JACKSONVILLE FL 32210

*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:** J.D. MOOREHEAD, JR.

MGR

01/23/2023

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

\_\_\_\_\_ Date