2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2024
Secretary of State
4610064617CC

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Entity Name: METAMORPHOSIS COUNSELING CENTER, L.L.C.

Current Principal Place of Business:

900 CESERY BLVD.
SUITE 104B
JACKSONVILLE, FL 32211

Current Mailing Address:

9775 CREEKFRONT RD. W2002
SUITE 104B
JACKSONVILLE, FL 32256 UN

FEI Number: 85-0578148

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOORE, SETTRA L
900 CESERY BLVD
SUITE 104B
JACKSONVILLE, FL 32211 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	MOORE, SETTRA L
Address	900 CESERY BLVD. SUITE 104B
City-State-Zip:	JACKSONVILLE FL 32211

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: SETTRA MOORE MANAGER 04/19/2024

Electronic Signature of Signing Authorized Person(s) Detail — Date