

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000140545

Entity Name: ELIE CARLILE PSYCHOTHERAPY LLC

Current Principal Place of Business:

401 LINTON BLVD
SUITE 200A
DELRAY BEACH, FL 33444

Current Mailing Address:

401 LINTON BLVD
SUITE 200A
DELRAY BEACH, FL 33444 US

FEI Number: 85-1256476

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC.
7901 4TH ST N
SUITE 300
ST. PETERSBURG, FL 33702 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 CARLILE, ELIE
Address 401 LINTON BLVD, SUITE 200A
City-State-Zip: DELRAY BEACH FL 33444

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: ELIE CARLILE

01/11/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date