

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000147610

Entity Name: GET HELP COUNSELING SERVICES LLC

Current Principal Place of Business:

2387 W 68TH ST, SUITE 403
HIALEAH, FL 33016

Current Mailing Address:

2387 W 68TH ST, SUITE 403
HIALEAH, FL 33016 US

FEI Number: 85-1307203

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SANTIAGO LEGAL PLLC
2760 PALM AVE
SUITE 101 B
HIALEAH, FL 33010 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: YADEL SANTIAGO

03/21/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name CARRENO DELGADO, ALYAIDEE
Address 10727 SW 145TH AVE
City-State-Zip: MIAMI FL 33186

Title AMBR
Name ALONSO, CHARLES
Address 10571 SW 126 ST
City-State-Zip: MIAMI FL 33176

Title MANAGER
Name QUINONES PEREZ, GUIDO R
Address 5565 NW 194TH LN
City-State-Zip: MIAMI GARDENS FL 33055

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: GUIDO R QUINONES PEREZ

MANAGER

03/21/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date