

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000281081

**Entity Name:** SWEETWATER COMMUNITY MENTAL HEALTH CENTER LLC

**Current Principal Place of Business:**

1414 NW 107 AVE  
#301  
SWEETWATER, FL 33172

**Current Mailing Address:**

1414 NW 107 AVE  
#301  
SWEETWATER, FL 33174 US

**FEI Number:** 85-3765403

**Certificate of Status Desired:** No

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

MAYA, JOSEPH  
10720 WEST FLAGLER  
14  
SWEETWATER, FL 33174 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 AMBR  
Name MAYA, JOSEPH  
Address 1414 NW 107 AVE  
# 301  
City-State-Zip: SWEETWATER FL 33172

*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:** JOSEPH MAYA

AMBR

04/08/2021

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

\_\_\_\_\_  
Date