## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000335913

Entity Name: AQUA PSYCHIATRY LLC

**Current Principal Place of Business:** 

7901 4TH ST N SUITE 300

ST. PETERSBURG, FL 33702

## **Current Mailing Address:**

7901 4TH ST N SUITE 300 ST. PETERSBURG, FL 33702

FEI Number: 87-1273972 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: BILL HAVRE 04/05/2024

Electronic Signature of Registered Agent Date

## Authorized Person(s) Detail:

Title MBR

Name WATERS, MONIQUE MBR
Address 7901 4TH ST N SUITE 300
City-State-Zip: ST. PETERSBURG FL 33702

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.

FILED Apr 05, 2024

**Secretary of State** 

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