

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000010183

**Entity Name:** PAMELA SEGURA MENTAL HEALTH COUNSELING SERVICES, LLC

**FILED**  
**Mar 10, 2024**  
**Secretary of State**  
**1102597385CC**

**Current Principal Place of Business:**

1317 EDGEWATER DR #1003  
ORLANDO , FL 32804

**Current Mailing Address:**

PO BOX 1313  
MINNEOLA, FL 34755 US

**FEI Number: 86-1445592**

**Certificate of Status Desired: No**

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

SEGURA, PAMELA  
269 BROOKDALE LOOP  
CLERMONT, FL 34711 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 P  
Name SEGURA, PAMELA  
Address 269 BROOKDALE LOOP  
City-State-Zip: CLERMONT FL 34711

*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: PAMELA SEGURA

PRESIDENT

03/10/2024

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

\_\_\_\_\_  
Date