2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000342143

Entity Name: EVANGELIN BROWNE, LMFT, THERAPY & PSYCHOLOGICAL

SERVICES, PLLC

Current Principal Place of Business:

7901 4TH ST. N STE 4000

ST. PETERSBURG, FL 33702

Current Mailing Address:

7901 4TH ST N STE 300 ST. PETERSBURG, FL 33702 US

FEI Number: 87-1918905 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC. 7901 4TH ST N. STE 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 AF

Name BROWNE, EVANGELIN

Address 2503 S WASHINGTON AVE, PO BOX

743

City-State-Zip: TITUSVILLE FL 32781

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: EVANGELIN BROWNE

Electronic Signature of Signing Authorized Person(s) Detail

ΑP

03/10/2022

Date

FILED Mar 10, 2022

Secretary of State

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