

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000342143

**Entity Name:** EVANGELIN BROWNE, LMFT, THERAPY & PSYCHOLOGICAL SERVICES, PLLC

**FILED**  
**Mar 21, 2024**  
**Secretary of State**  
**2372884381CC**

**Current Principal Place of Business:**

7901 4TH ST N  
STE 300  
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: DAVID ROBERTS**

**03/21/2024**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name BROWNE, EVANGELIN  
Address 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**

**AUTHORIZED MEMBER**

**03/21/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date