2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2023
Secretary of State
7125537621CC

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Entity Name: COMPLETE MENTAL HEALTH SERVICES LLC

Current Principal Place of Business:

5020 NW 199 ST
MIAMI GARDENS, FL 33055

Current Mailing Address:

5020 NW 199 ST
MIAMI GARDENS, FL 33055 US

FEI Number: 87-2487066

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NODA ROJAS, LUIS ALBERTO
5020 NW 199 ST
MIAMI GARDENS, FL 33055 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	NODA ROJAS, LUIS ALBERTO
Address	5020 NW 199 ST
City-State-Zip:	MIAMI GARDENS FL 33055

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: LUIS ALBERTO NODA ROJAS AMBR 03/28/2023

Electronic Signature of Signing Authorized Person(s) Detail — Date