

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000438520

**Entity Name:** SAOIRSE PSYCHOLOGICAL SERVICES LLC

**Current Principal Place of Business:**

10340 LAVENDER ASTER TRAIL  
SAN ANTONIO, FL 33576

**Current Mailing Address:**

30929 MIRADA BLVD.  
STE 223  
SAN ANTONIO , FL 33576 US

**FEI Number: 87-3007472**

**Certificate of Status Desired:** No

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

SHEEHAN, CHELSEA  
30929 MIRADA BLVD.  
STE 223  
SAN ANTONIO , FL 33576 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            SHEEHAN, CHELSEA  
Address        30929 MIRADA BLVD.  
                  STE 223  
City-State-Zip: SAN ANTONIO FL 33576

*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: CHELSEA SHEEHAN**

**OWNER**

**02/06/2024**

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

\_\_\_\_\_  
Date