

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000443788

Entity Name: DANIEL C. LOFTIS CLINICAL COUNSELING LLC

Current Principal Place of Business:

3656 US HWY 1
MIMS, FL 32754

Current Mailing Address:

3656 US HWY 1
MIMS, FL 32754 US

FEI Number: 87-3095207

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOFTIS, DANIEL C
3656 US HWY 1
MIMS, FL 32754 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 MGR
Name LOFTIS, DANIEL C
Address 3656 US HWY 1
City-State-Zip: MIMS FL 32754

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: DANIEL CHRISTOPHER LOFTIS

MANAGER/OWNER

02/08/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date