

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000445445

Entity Name: BLUE LILY PSYCHIATRY, LLC

Current Principal Place of Business:

1451 W CYPRESS CREEK RD #300
FT LAUDERDALE, FL 33309

Current Mailing Address:

4214 NW 38TH DR
COCONUT CREEK, FL 33073 US

FEI Number: 87-3079627

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MUELLER, DENAYER
4214 NW 38TH DR
COCONUT CREEK, FL 33073 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 AR
Name CASTILLO, CARLOS
Address 4214 NW 38TH DR
City-State-Zip: COCONUT CREEK IL 33073

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: CARLOS CASTILLO

AUTHORIZED AGENT

03/15/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date