

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000468681

**Entity Name:** DEVELOPMENTAL THERAPIES AND COUNSELING CENTER  
LLC

**FILED**  
**Jul 14, 2022**  
**Secretary of State**  
**9875065594CC**

**Current Principal Place of Business:**

6419 64TH WAY  
WEST PALM BEACH, FL 33409

**Current Mailing Address:**

6419 64TH WAY  
WEST PALM BEACH, FL 33409 PB

**FEI Number: 88-2190617**

**Certificate of Status Desired: No**

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

SANON, CHRISTIAN E II  
6419 64TH WAY  
WEST PALM BEACH, FL 33409 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 SANON, CHRISTIAN E III  
Address 6419 64TH WAY  
City-State-Zip: WEST PALM BEACH FL 33409

Title AMGR  
Name SANON, TIFFANY M  
Address 6419 64TH WAY  
City-State-Zip: WEST PALM BEACH FL 33409

*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: CHRISTIAN E. SANONII**

**MANAGER**

**07/14/2022**

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

\_\_\_\_\_  
Date