

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000484980

Entity Name: COMPASSIONATE PSYCHOLOGICAL SERVICES L.L.C.

Current Principal Place of Business:

1070 MONTGOMERY RD
UNIT #608
ALTAMONTE, FL 32714

Current Mailing Address:

1070 MONTGOMERY RD
UNIT #608
ALTAMONTE, FL 32714 US

FEI Number: 87-3613363

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ZIPPER, RACHEL
1070 MONTGOMERY RD
UNIT #608
ALTAMONTE, FL 32714 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 ZIPPER, RACHEL
Address 1070 MONTGOMERY RD
 UNIT #608
City-State-Zip: ALTAMONTE FL 32714

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: RACHEL ZIPPER

OWNER

03/25/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date