

**2024 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**

**04/23/2024**

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

\_\_\_\_\_  
Date