

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000009577

**Entity Name:** THE THERAPY DOULA WELLNESS AND CONSULTING GROUP, LLC

**FILED**  
**Feb 06, 2024**  
**Secretary of State**  
**5971701319CC**

**Current Principal Place of Business:**

3500 POSNER PARK BLVD  
1066  
DAVENPORT, FL 33837

**Current Mailing Address:**

3500 POSNER PARK BLVD #1066  
DAVENPORT, FL 33837 US

**FEI Number: 88-1636952**

**Certificate of Status Desired: No**

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

JAMES, NASSEAM M  
3500 POSNER PARK BLVD  
1066  
DAVENPORT, FL 33837 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            AUTHORIZED REPRESENTATIVE  
Name            JAMES, RANDALL M  
Address        3500 POSNER PARK BLVD  
                  1066  
City-State-Zip: DAVENPORT FL 33837

*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: NASSEAM JAMES**

**OWNER/ CLINICAL  
DIRECTOR**

**02/06/2024**

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

\_\_\_\_\_  
Date