

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000024847

**Entity Name:** NICOLE DIMONDA LMHC LLC

**Current Principal Place of Business:**

3030 STARKEY BLVD  
TRINITY, FL 34655

**Current Mailing Address:**

10212 LANDMARK DR  
HUDSON, FL 34667 US

**FEI Number:** 86-3528576

**Certificate of Status Desired:** No

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

MCLEES, JOSEPH  
10212 LANDMARK DRIVE  
HUDSON, FL 34667 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            MCLEES, NICOLE A  
Address        3030 STARKEY BLVD  
City-State-Zip: TRINITY FL 34655

*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:** NICOLE MCLEES

04/09/2024

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

\_\_\_\_\_ Date