

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000180772

Entity Name: COLLABORATIVE MENTAL HEALTH COUNSELING LLC

Current Principal Place of Business:

1504 MAIN STREET
VALRICO, FL 33594

Current Mailing Address:

1504 MAIN STREET
VALRICO, FL 33594 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
476 RIVERSIDE AVE.
JACKSONVILLE, FL 32202 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 DAVIS, DONA ANNE
Address 1504 MAIN STREET
City-State-Zip: VALRICO FL 33594

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: DONA ANNE DAVIS

AMBR

03/22/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date