

**2023 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  
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 DAVIS

AMBR

05/01/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date