#### 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000189952

Entity Name: SABOL PSYCHOLOGY-LAUREN S. SABOL, PSY. D., PLLC

**FILED** Feb 05, 2025 **Secretary of State** 0787938969CC

#### **Current Principal Place of Business:**

103 ANTIGUA DRIVE COCOA BEACH, FL 32931

# **Current Mailing Address:**

103 ANTIGUA DRIVE COCOA BEACH, FL 32931 US

FEI Number: 83-1097107 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

REGISTERED AGENTS INC. 7901 4TH ST N, STE 300 ST. PETERSBURG, FL 33702 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 MGR

Name SABOL, LAUREN S PSY.D Address 103 ANTIGUA DRIVE

City-State-Zip: COCOA BEACH FL 32931

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.

DR.

SIGNATURE: LAUREN SABOL

Electronic Signature of Signing Authorized Person(s) Detail

02/05/2025