# 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000294971

Entity Name: MY CLEAR MIND CLINIC LLC

# Current Principal Place of Business:

13499 BISCAYNE BLVD 1009 NORTH MIAMI, FL 33181

# **Current Mailing Address:**

13499 BISCAYNE BLVD 1009 NORTH MIAMI, FL 33181 US

# FEI Number: 88-3037029

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

PHILIP, WHINNEY M 13499 BISCAYNE BLVD 1009 NORTH MIAMI, FL 33181 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

#### Authorized Person(s) Detail :

 
 Title
 MGR

 Name
 PHILIP, WHINNEY M

 Address
 13499 BISCAYNE BLVD 1009

 City-State-Zip:
 NORTH MIAMI FL 33181

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: WHINNEY MATHEW PHILIP

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

Date

04/24/2023

**OWNER/MANAGER**