

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000481681

Entity Name: JC RELATIONAL THERAPY SERVICES LLC

Current Principal Place of Business:

8121 SOUTH WOODS CIR
UNIT 10
FORT MYERS, FL 33919

Current Mailing Address:

8121 SOUTH WOODS CIR
UNIT 10
FORT MYERS, FL 33919

FEI Number: 92-3366506

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CALVO, JOHANA
8121 SOUTH WOODS CIR
UNIT 10
FORT MYERS, FL 33919 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	P	Title	P
Name	CALVO, JOHANA	Name	CALVO, JOHANA
Address	8121 SOUTH WOODS CIR	Address	8121 SOUTH WOODS CIR
City-State-Zip:	FORT MYERS FL 33919	City-State-Zip:	FORT MYERS FL 33919

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: JOHANA CALVO

MANAGER

02/10/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date