

**2023 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  
Name CALVO, JOHANA  
Address 8121 SOUTH WOODS CIR  
City-State-Zip: FORT MYERS FL 33919

Title P  
Name CALVO, JOHANA  
Address 8121 SOUTH WOODS CIR  
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

05/07/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date