

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000104271

Entity Name: MAGNOLIA PSYCHOLOGICAL SERVICES, LLC

Current Principal Place of Business:

53 RIVOCEAN DR
ORMOND BEACH, FL 32176

Current Mailing Address:

53 RIVOCEAN DR
ORMOND BEACH, FL 32176 US

FEI Number: 92-3171727

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GUADAGNI, KERRI A
53 RIVOCEAN DR
ORMOND BEACH, FL 32176 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 MGRM
Name GUADAGNI, KERRI A
Address 53 RIVOCEAN DR
City-State-Zip: ORMOND BEACH FL 32176

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: KERRI A. GUADAGNI

MGRM

03/08/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date