

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000159755

Entity Name: GULFSIDE COUNSELING AND WELLNESS, LLC

Current Principal Place of Business:

1101 GULF BREEZE PKWY
BUILDING 2, SUITE 4
GULF BREEZE, FL 32561

Current Mailing Address:

1101 GULF BREEZE PKWY
BUILDING 2, SUITE 4
GULF BREEZE, FL 32561 US

FEI Number: 92-3448747

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PETERSON, STEPHANIE S
1101 GULF BREEZE PKWY
BUILDING 2, SUITE 4
GULF BREEZE, FL 32561 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 AMBR
Name PETERSON, STEPHANIE S
Address 1101 GULF BREEZE PKWY
City-State-Zip: GULF BREEZE FL 32561

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: STEPHANIE PETERSON, LCSW

OWNER/THERAPIST

01/08/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date