#### 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000222489

Entity Name: GENESIS BEHAVIORAL HEALTHCARE, LLC

. GENESIS BEHAVIORAL HEALTHCARE,

# **Current Principal Place of Business:**

7901 4TH STREET NORTH ST. PETERSBURG, FL 33702

## **Current Mailing Address:**

411 THOMAS CIR NE MASSILLON, OH 44646 US

FEI Number: 92-3975649 Certificate of Status Desired: No

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

SUNSHINE CORPORATE FILINGS LLC 7901 4TH ST N STE 300 ST. PETERSBURG, FL 33702 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

FILED Jul 03, 2024

**Secretary of State** 

3939834413CC

## Authorized Person(s) Detail:

Title AMBR

Name THOMAS, MCKENZIE
Address 411 THOMAS CIR NE
City-State-Zip: MASSILLON OH 44646

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: MCKENZIE THOMAS OWNER 07/03/2024