

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000364478

**Entity Name:** ELLIE MENTAL HEALTH FLORIDA LLC

**Current Principal Place of Business:**

2653 BRUCE B DOWNS BLVD  
UNIT 108-141  
WESLEY CHAPEL, FL 33544

**Current Mailing Address:**

2653 BRUCE B DOWNS BLVD  
UNIT 108-141  
WESLEY CHAPEL, FL 33544 US

**FEI Number:** 93-2842441

**Certificate of Status Desired:** No

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

TRSTE, LLC  
924 W COLONIAL DR.  
ORLANDO, FL 32804 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 MGR  
Name ELLIE MENTAL HEALTH FLORIDA TRUST  
Address 2653 BRUCE B DOWNS BLVD, UNIT 108-141  
City-State-Zip: WESLEY CHAPEL FL 33544

*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:** TRSTE, LLC

**AGENT**

**01/08/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date