

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000386381

**Entity Name:** ASHLYN CHAPMAN MENTAL HEALTH THERAPY, LLC

**Current Principal Place of Business:**

14903 SYDNEY RD  
DOVER, FL 33527

**Current Mailing Address:**

14903 SYDNEY RD  
DOVER, FL 33527 US

**FEI Number:** 93-3010520

**Certificate of Status Desired:** No

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

CHAPMAN, ASHLYN  
14903 SYDNEY RD  
DOVER, FL 33527 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	Title	SEC
Name	CHAPMAN, ASHLYN	Name	CHAPMAN, TUCKER
Address	14903 SYDNEY RD	Address	14903 SYDNEY RD
City-State-Zip:	DOVER FL 33527	City-State-Zip:	DOVER FL 33527

*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:** ASHLYN CHAPMAN

**MGR**

**04/17/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date