2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2025
Secretary of State
0801676221CC

DOCUMENT# L23000472894

Entity Name: RESILIENCE COUNSELING & PSYCHOTHERAPY LLC

Current Principal Place of Business:

5114 LOGWAGON ROAD
OCOEE, FL 34761

Current Mailing Address:

5114 LOGWAGON ROAD
OCOEE, FL 34761 US

FEI Number: 93-3945625

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WALTERS, EVADNIE
5114 LOGWAGON ROAD
OCOEE, FL 34761 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	MGR
Name	WALTERS, EVADNIE	Name	METELLUS, LUCNER
Address	5114 LOGWAGON ROAD	Address	5114 LOGWAGON ROAD
City-State-Zip:	OCOEE FL 34761	City-State-Zip:	OCOEE FL 34761

Title	AMBR
Name	LIMAGE, WILLIAM M
Address	19225 US HIGHWAY 27
City-State-Zip:	CLERMONT FL 34715

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: EVADNIE WALTERS MANAGER 05/05/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date