

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000540743

**Entity Name:** CUPULL BEHAVIORAL HEALTH LLC

**Current Principal Place of Business:**

106 LANTERN LN  
WINTER HAVEN, FL 33884

**Current Mailing Address:**

106 LANTERN LN  
WINTER HAVEN, FL 33884

**FEI Number:** 93-4755459

**Certificate of Status Desired:** No

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

CUPULL FRANQUI, JESSICA  
106 LANTERN LN  
WINTER HAVEN, FL 33884 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 P  
Name CUPULL FRANQUI, JESSICA  
Address 106 LANTERN LN  
City-State-Zip: WINTER HAVEN FL 33884

*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:** CUPULL FRANQUI JESSICA

02/08/2024

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

\_\_\_\_\_ Date