

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M18000009156

**Entity Name:** GILDA SCHAFFER PSY.D, LLC

**Current Principal Place of Business:**

1530 SHORELINE WAY  
HOLLYWOOD, FL 33019

**Current Mailing Address:**

1530 SHORELINE WAY  
HOLLYWOOD, FL 33019 US

**FEI Number:** 26-1828451

**Certificate of Status Desired:** Yes

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

SCHAFFER, GILDA  
1530 SHORELINE WAY  
HOLLYWOOD, FL 33019 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            OWNR  
Name            SCHAFFER, GILDA  
Address        1530 SHORELINE WAY  
City-State-Zip: HOLLYWOOD FL 33019

*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:** GILDA SCHAFFER

PSYD, LMHC

03/06/2024

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

\_\_\_\_\_ Date