

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000082997

**Entity Name:** AAA MENTAL HEALTH SERVICES LLC

**Current Principal Place of Business:**

310 NW 54TH STREET  
MIAMI, FL 33127

**Current Mailing Address:**

8240 N. KENDALL DRIVE  
MIAMI, FL 33156 US

**FEI Number:** 86-2379441

**Certificate of Status Desired:** No

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

AZCUY, ANA G  
8240 SW 88 STREET  
MIAMI, FL 33156 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            AMBR  
Name            AZCUY, ANA G  
Address        310 NW 54TH STREET  
City-State-Zip: MIAMI FL 33127

*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:** ANA G. AZCUY

**PRESIDENT**

**01/29/2024**

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

\_\_\_\_\_  
Date