

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000275328

Entity Name: THE ASSESSMENT CLINIC, LLC

Current Principal Place of Business:

1150 DOUGLAS AVE
SUITE 2100
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

1761 STRATHMORE CIRCLE
MOUNT DORA, FL 32757 US

FEI Number: 87-1419520

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ADKINS, QUTONYA D
619 LAKE MOBILE DRIVE
ALTAMONTE SPRINGS, FL 32701 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
Name WEEKS, LAKEISHA L
Address 1761 STRATHMORE CIRCLE
City-State-Zip: MOUNT DORA FL 32757

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: WEEKS, LAKEISHA

MGR

04/04/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date