

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000412461

**Entity Name:** PSYCH HEALTH SOLUTIONS, LLC

**Current Principal Place of Business:**

1800 PEMBROOK DR.  
SUITE 300  
ORLANDO, FL 32810

**Current Mailing Address:**

1800 PEMBROOK DR.  
SUITE 300  
ORLANDO, FL 32810

**FEI Number:** 92-0478631

**Certificate of Status Desired:** No

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

LISENIE, MAYARD  
8700 MAITLAND SUMMIT BLVD  
APT. #140  
ORLANDO, FL 32810 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            MAYARD, LISENIE  
Address        8700 MAITLAND SUMMIT BLVD #140  
City-State-Zip: ORLANDO FL 32810

Title            AUTHORIZED MEMBER  
Name            MAYARD, FRANCK NICSON  
Address        8700 MAITLAND SUMMIT BLVD  
                  APT. #140  
City-State-Zip: ORLANDO FL 32810

*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:** LISENIE MAYARD

**CEO/OWNER**

**03/05/2024**

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

\_\_\_\_\_  
Date