# 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000518737

Entity Name: CENTER FOR ADDICTION AND MENTAL HEALTH PROGRAMS

ORLANDO LLC

Mar 08, 2024 Secretary of State 1121738861CC

**FILED** 

### **Current Principal Place of Business:**

4201 SOUTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32839

# **Current Mailing Address:**

4201 SOUTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32839

FEI Number: 99-1417867 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

FULTZ, GERALD W 3691 STATE ROAD 580 W SUITE H OLDSMAR, FL 34667 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 JOHNSON, GIANNA

Address 4201 SOUTH ORANGE BLOSSOM

**TRAIL** 

City-State-Zip: ORLANDO FL 32839

SIGNATURE: GIANNA JOHNSON

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.

Electronic Signature of Signing Authorized Person(s) Detail

MANAGER

03/08/2024

Date