

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000090185

**Entity Name:** MANDARIN COVE COUNSELING, LLC

**Current Principal Place of Business:**

2950 HALCYON LANE, UNIT 703  
JACKSONVILLE, FL 32223

**Current Mailing Address:**

2950 HALCYON LANE, UNIT 703  
JACKSONVILLE, FL 32223

**FEI Number:** 27-0930547

**Certificate of Status Desired:** No

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

BUSINESS  
2950 HALCYON LANE  
SUITE 703  
JACKSONVILLE, FL 32223 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 MGRM  
Name MOORE, PATRICIA A  
Address 2950 HALCYON LANE, UNIT 703  
City-State-Zip: JACKSONVILLE FL 32223

*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:** PATRICIA MOORE

MGRM

02/26/2014

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

\_\_\_\_\_  
Date