

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000050780

Entity Name: TORRES COUNSELING SERVICES, LLC

Current Principal Place of Business:

600 SW 3RD STREET
6121A
POMPANO BEACH, FL 33060

Current Mailing Address:

11500 LAKEVIEW DRIVE
CORAL SPRINGS, FL 33071 UN

FEI Number: 27-2666306

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TORRES, KRISTAN E
11500 LAKVIEW DRIVE
CORAL SPRINGS, FL 33071 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 | Title | MGRM |
| Name | TORRES, WILLIAM | Name | TORRES, KRISTAN E |
| Address | 11500 LAKEVIEW DRIVE | Address | 11500 LAKEVIEW DRIVE |
| City-State-Zip: | CORAL SPRINGS FL 33071 | City-State-Zip: | CORAL SPRINGS FL 33071 |

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: KRISTAN TORRES

MANAGER/OWNER

04/23/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date