

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000067890

**Entity Name:** FLORIDA FAMILY COUNSELING CENTER LLC

**Current Principal Place of Business:**

3325 S. UNIVERSITY DRIVE  
202  
DAVIE, FL 33328

**Current Mailing Address:**

7867 NW 11 STREET  
PLANTATION, FL 33322 US

**FEI Number:** 45-2525372

**Certificate of Status Desired:** No

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

WILSON, JENNA  
7867 NW 11 STREET  
PLANTATION, FL 33322 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 WILSON, JENNA  
Address 7867 NW 11 STREET  
City-State-Zip: PLANTATION FL 33322

*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:** JENNA WILSON

**OWNER**

**03/18/2019**

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

\_\_\_\_\_  
Date