

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000130652

Entity Name: COMPASSIONATE COUNSELING, LLC

Current Principal Place of Business:

1385 WEST STATE ROAD434
207
LONGWOOD, FL 32750

Current Mailing Address:

1600 POLK WAY
SANFORD, FL 32773

FEI Number: 46-1338197

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCCARTY, SONI
1600 POLK WAY
SANFORD, FL 32773 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 MCCARTY, SONI
Address 1600 POLK WAY
City-State-Zip: SANFORD FL 32773

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: SONI MCCARTY _____

OWNER

01/13/2014

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date