

**2013 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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SONI MCCARTY

**OWNER**

**01/22/2013**

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

\_\_\_\_\_  
Date