

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000115599

**Entity Name:** TALLAHASSEE COUNSELING CENTER, LLC

**Current Principal Place of Business:**

2888-4 MAHAN DRIVE  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

2888-4 MAHAN DRIVE  
TALLAHASSEE, FL 32308

**FEI Number: 46-3513188**

**Certificate of Status Desired: No**

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

MINCY, SHELLY K LCSW  
2888-4 MAHAN DRIVE  
TALLAHASSEE, FL 32308 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:** SHELLY K. MINCY

01/15/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name MINCY, SHELLY L LCSW  
Address 2888-4 MAHAN DRIVE  
City-State-Zip: TALLAHASSEE FL 32308

Title MGRM  
Name HOULIOS, CHRISSEY LCSW  
Address 2888-4 MAHAN DRIVE  
City-State-Zip: TALLAHASSEE FL 32308

Title MGRM  
Name CLARK, LESLIE S LCSW  
Address 2888-4 MAHAN DRIVE  
City-State-Zip: TALLAHASSEE FL 32308

Title OFFICE MANAGER  
Name SKINNER, KYLEE  
Address 2888-4 MAHAN DRIVE  
City-State-Zip: TALLAHASSEE FL 32308

*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:** KYLEE SKINNER

OFFICE MANAGER

01/15/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date