## 2017 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 03/21/2017

Electronic Signature of Registered Agent

Date

FILED Mar 21, 2017

**Secretary of State** 

CC7084810277

Authorized Person(s) Detail:

Title MGRM Title MGRM

NameMINCY, SHELLY L LCSWNameHOULIOS, CHRISSY LCSWAddress2888-4 MAHAN DRIVEAddress2888-4 MAHAN DRIVE

City-State-Zip: TALLAHASSEE FL 32308 City-State-Zip: TALLAHASSEE FL 32308

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

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: KIMBERLY HOULIOS

Electronic Signature of Signing Authorized Person(s) Detail

OFFICE MANAGER

03/21/2017

Date