

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000020749

Entity Name: INNOVATION COUNSELING CENTER, LLC**Current Principal Place of Business:**6620 SOUTHPOINT DR S
450G
JACKSONVILLE, FL 32225**Current Mailing Address:**6620 SOUTHPOINT DR S
450G
JACKSONVILLE, FL 32225 US**FEI Number:** 47-3008801**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MALONE, ANGELA R
1385 BROOKWOOD FOREST BLVD
214
JACKSONVILLE, FL 32225 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:** ANGELA MALONE

06/30/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR
Name	MALONE, ANGELA
Address	6620 SOUTHPOINT DR S 450G
City-State-Zip:	JACKSONVILLE FL 32225

Title	AUTHORIZED MEMBER
Name	THOMAS, ALEXIS
Address	6620 SOUTHPOINT DR S 450G
City-State-Zip:	JACKSONVILLE FL 32225

Title	AR
Name	MALONE, ZARIAH
Address	6620 SOUTHPOINT DR S 450G
City-State-Zip:	JACKSONVILLE FL 32225

Title	MANAGER
Name	SMALLS, JULIAN
Address	6620 SOUTHPOINT DR S 450G
City-State-Zip:	JACKSONVILLE FL 32216

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: ANGELA MALONE**OWNER**

06/30/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date