

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000020749

Entity Name: INNOVATION COUNSELING CENTER, LLC

Current Principal Place of Business:

9951 ATLANTIC BLVD. #442
JACKSONVILLE, FL 32225

Current Mailing Address:

9951 ATLANTIC BLVD.#442
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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name MALONE, ANGELA
Address 9951 ATLANTIC BLVD. #442
City-State-Zip: JACKSONVILLE FL 32225

Title AR
Name MALONE, ZARIAH
Address 9951 ATLANTIC BLVD. #442
City-State-Zip: JACKSONVILLE FL 32225

Title AUTHORIZED MEMBER
Name THOMAS, ALEXIS
Address 9951 ATLANTIC BLVD. #442
City-State-Zip: JACKSONVILLE FL 32225

Title AMBR
Name DEAS, JUAN
Address 9951 ATLANTIC BLVD. #442
City-State-Zip: JACKSONVILLE FL 32225

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

MGR

09/07/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date