

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000176187

Entity Name: KEEN COUNSELING, LLC

Current Principal Place of Business:

533 N NOVA RD
SUITE 203
ORMOND BEACH, FL 32176

Current Mailing Address:

533 N NOVA RD
SUITE 203
ORMOND BEACH, FL 32176 US

FEI Number: 47-5346356

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHAPIRO, MATTHEW C
222 SEABREEZE BLVD
DAYTONA BEACH, FL 32118 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 KEEN, SARA T
Address 533 N NOVA RD, SUITE 203
City-State-Zip: ORMOND BEACH FL 32176

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: SARA T KEEN

MANAGER

01/20/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date