

**2024 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L17000077410

**Entity Name:** ALPHA COUNSELING SERVICES PLLC

**Current Principal Place of Business:**

2917 LAFAYETTE ST  
FORT MYERS, FL 33916

**Current Mailing Address:**

2917 LAFAYETTE ST  
FORT MYERS, FL 33916 US

**FEI Number: 82-1148680**

**Certificate of Status Desired:** No

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

HUMES, SIMONE S  
2200 MARTIN LUTHER KING JR. BLVD  
C  
FORT MYERS, FL 33901 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:** SIMONE S HUMES

01/05/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name TERRELL, JOHNNIE T  
Address 2917 LAFAYETTE ST  
City-State-Zip: FORT MYERS FL 33916

*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:** JOHNNIE TERRELL

AUTHORIZED MEMBER

01/05/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date