

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000102788

**Entity Name:** GIFTED CONCEPTS COUNSELING AND CONSULTING, LLC

**Current Principal Place of Business:**

8815 CONROY WINDERMERE ROAD  
#277  
ORLANDO, FL 32835

**Current Mailing Address:**

9344 LAKE FISCHER BLVD.  
GOTHA, FL 34734 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

SUMMERS, NATALEE R  
9344 LAKE FISCHER BLVD  
GOTHA, FL 34734 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 SUMMERS, NATALEE R  
Address 9344 LAKE FISCHER BLVD  
City-State-Zip: GOTHA FL 34734

*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:** NATALEE F R SUMMERS

**MANAGER**

**05/04/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date