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.

AP

SIGNATURE: JAMES J ALBERTI

Electronic Signature of Signing Authorized Person(s) Detail

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT	

DOCUMENT# L17000173838

Entity Name: TAMPA LIFE COUNSELING, LLC

Current Principal Place of Business:

13035 W. LINEBAUGH AVENUE #101, SUITE #G TAMPA, FL 33626

Current Mailing Address:

16209 MUIRFIELD DRIVE ODESSA, FL 33556

FEI Number: 82-2493615

Name and Address of Current Registered Agent:

ALBERTI, HA T 16209 MUIRFIELD DRIVE ODESSA, FL 33556 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

Authorized Person(s) Detail :

Title	AMBR	Title	AP
Name	ALBERTI, HA T	Name	ALBERTI, JAMES J
Address	16209 MUIRFIELD DRIVE	Address	16209 MUIRFIELD DRIVE
City-State-Zip:	ODESSA FL 33556	City-State-Zip:	ODESSA FL 33556

02/28/2019

FILED Feb 28, 2019 Secretary of State 4191465435CC

Date

Certificate of Status Desired: No

Date