**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Feb 10, 2025**
**Secretary of State**
**3961981726CC**

DOCUMENT# L18000110114

**Entity Name:** TAG COUNSELING, LLC

**Current Principal Place of Business:**

14797 PHILIPS HWY
206- A/ B
JACKSONVILLE, FL 32256

**Current Mailing Address:**

233 WEST SILVERTHORN LANE
PONTE VEDRA, FL 32081 US

**FEI Number: 83-0585829**

**Certificate of Status Desired:** Yes

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

THARKUR, ADAM NORMAN
233 WEST SILVERTHORN LANE
PONTE VEDRA, FL 32081 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: ADAM NORMAN THARKUR 02/10/2025

Electronic Signature of Registered Agent — Date

**Authorized Person(s) Detail :**

| | | | |
|---|---|---|---|
| Title | MGR | Title | AP |
| Name | THARKUR, ADAM NORMAN | Name | ABBASI, NASEEMA NOVAIRA |
| Address | 233 WEST SILVERTHORN LANE | Address | 233 WEST SILVERTHORN LANE |
| City-State-Zip: | PONTE VEDRA FL 32081 | City-State-Zip: | PONTE VEDRA FL 32081 |

*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: ADAM THARKUR OWNER 02/10/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date