

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000216615

**Entity Name:** DR. NICCI COUNSELING, LLC

**Current Principal Place of Business:**

446 NORTH DILLARD STREET  
SUITE 2  
WINTER GARDEN, FL 34787

**Current Mailing Address:**

446 NORTH DILLARD STREET  
SUITE 2  
WINTER GARDEN, FL 34787 US

**FEI Number:** 83-1902122

**Certificate of Status Desired:** No

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

HOLLOWAY, NICOLE I  
408 ROCK SPRINGS CIRCLE  
GROVELAND, FL 34736 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:** NICOLE I HOLLOWAY

01/03/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name HOLLOWAY, NICOLE I  
Address 446 NORTH DILLARD STREET #2  
City-State-Zip: WINTER GARDEN FL 34787

*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:** NICOLE I. HOLLOWAY

MANAGER

01/03/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date