

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000004635

**Entity Name:** LIBERTY COUNSELING SERVICES, LLC

**Current Principal Place of Business:**

13801 N. DALE MABRY HWY,  
STE. 200  
TAMPA, FL 33618

**Current Mailing Address:**

18938 MALINCHE LOOP  
SPRING HILL, FL 34610 US

**FEI Number:** 83-3142308

**Certificate of Status Desired:** No

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

SCHELL, SHANNON R  
18938 MALINCHE LOOP  
SPRING HILL, FL 34610 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 SCHELL, SHANNON R  
Address 18938 MALINCHE LOOP  
City-State-Zip: SPRING HILL FL 34610

*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:** SHANNON SCHELL

**MANAGER**

**01/26/2021**

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

\_\_\_\_\_  
Date