

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000076488

**Entity Name:** CHAOS SOLUTIONS COUNSELING, LLC

**Current Principal Place of Business:**

2230 E. SEMORAN BLVD.  
APOPKA, FL 32703

**Current Mailing Address:**

581 N. PARK AVE. #1782  
APOPKA, FL 32704

**FEI Number:** 83-4165296

**Certificate of Status Desired:** No

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

SHAW, DIANA  
2230 E. SEMORAN BLVD.  
APOPKA, FL 32703 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	PRES	Title	VP
Name	SHAW, DIANA	Name	SHAW, DOMINICK
Address	2230 E. SEMORAN BLVD.	Address	2230 E. SEMORAN BLVD.
City-State-Zip:	APOPKA FL 32703	City-State-Zip:	APOPKA FL 32703

*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:** DIANA SHAW

**PRESIDENT**

**02/21/2020**

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

\_\_\_\_\_  
Date