

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000008945

**Entity Name:** ATALA COUNSELING, PLLC

**Current Principal Place of Business:**

1867 N CRYSTAL LAKE DR  
LAKELAND, FL 33801

**Current Mailing Address:**

PO BOX 5554  
LAKELAND, FL 33807 US

**FEI Number: 84-4289108**

**Certificate of Status Desired: No**

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

ORDONIA, KATHRYN  
1867 N CRYSTAL LAKE DR  
LAKELAND, FL 33801 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            AMBR  
Name            DUMONT, KATHRYN  
Address        1867 N CRYSTAL LAKE DR  
City-State-Zip: LAKELAND FL 33801

Title            AMBR  
Name            ORDONIA, KATHRYN  
Address        1867 N CRYSTAL LAKE DR  
City-State-Zip: LAKELAND FL 33801

*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: KATHRYN ORDONIA**

**AMBR**

**02/26/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date