

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000248770

**Entity Name:** COUNSELME LLC

**Current Principal Place of Business:**

221 N HWY 27  
SUITE F  
CLERMONT, FL 34711

**FILED**  
**Apr 27, 2024**  
**Secretary of State**  
**7469913525CC**

**Current Mailing Address:**

221 N HWY 27  
SUITE F  
CLERMONT, FL 34711 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

SPARKMAN, YUMIKA  
221 N HWY 27  
SUITE F  
CLERMONT, FL 34711 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           MANAGER  
Name           SPARKMAN, YUMIKA  
Address        221 N HWY 27  
                  SUITE F  
City-State-Zip: CLERMONT FL 34711

*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:** YUMIKA SPARKMAN

**MANAGER**

**04/27/2024**

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

\_\_\_\_\_  
Date