

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000353690

**Entity Name:** INTUITIVE COUNSELING, LLC

**Current Principal Place of Business:**

1533 SUNSET DRIVE  
215  
MIAMI, FL 33143

**Current Mailing Address:**

1533 SUNSET DRIVE  
215  
MIAMI, FL 33143 US

**FEI Number:** 85-4162128

**Certificate of Status Desired:** No

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

RODRIGUEZ-HEVIA, VICTORIA M  
1533 SUNSET DRIVE  
215  
MIAMI, FL 33143 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           CAPO, LUISA F  
Address        1533 SUNSET DRIVE  
                  215  
City-State-Zip: MIAMI FL 33143

Title           MANAGER  
Name           ANGEL, JUAN  
Address        1533 SUNSET DRIVE  
                  215  
City-State-Zip: MIAMI FL 33143

Title           MANAGER  
Name           RODRIGUEZ-HEVIA, VICTORIA  
Address        1533 SUNSET DRIVE  
                  215  
City-State-Zip: MIAMI FL 33143

*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:** LUISA F CAPO

**MANAGER**

**03/08/2022**

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

\_\_\_\_\_  
Date