

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000158544

**Entity Name:** 1UP COUNSELING SERVICES, LLC

**Current Principal Place of Business:**

135 JENKINS STREET  
STE 105-B #177  
ST AUGUSTINE, FL 32086

**Current Mailing Address:**

135 JENKINS STREET  
STE 105-B #177  
ST AUGUSTINE, FL 32086 US

**FEI Number:** 92-3964755

**Certificate of Status Desired:** Yes

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

ADAMS, WILLIAM  
460 GERONA ROAD  
ST AUGUSTINE, FL 32086 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 AP  
Name ADAMS, WILLIAM  
Address 460 GERONA ROAD  
City-State-Zip: ST AUGUSTINE FL 32086

*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:** WILLIAM ADAMS

**OWNER**

**02/08/2024**

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

\_\_\_\_\_  
Date