#### **2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000004429

Entity Name: COMMUNITY COUNSELLING SERVICE CO., LLC

**FILED** Apr 29, 2020 Secretary of State 7540004212CC

## **Current Principal Place of Business:**

527 MADISON AVENUE, 5TH FLOOR

NEW YORK, NY 10022

## **Current Mailing Address:**

527 MADISON AVENUE, 5TH FLOOR NEW YORK, NY 10022 US

FEI Number: 90-0286107 Certificate of Status Desired: No

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

CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE, FL 32301 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 MANAGING MEMBER Title MANAGING MEMBER NEVINS, BRIAN MICHAUD, CHARLES Name Name

527 MADISON AVENUE, 5TH FLOOR 155 FEDERAL STREET SUITE 306 Address Address

City-State-Zip: NEW YORK NY 10022 BOSTON MA 02110 City-State-Zip:

MANAGING MEMBER Title Title MANAGING MEMBER

Name JAVIER, ERIC LOONEY, CHRISTOPHER Name

100 SPECTRUM CENTER DRIVE Address 527 MADISON AVENUE, 5TH FLOOR Address

**SUITE 1210** 

IRVINE CA 92618 City-State-Zip:

Title MANAGING MEMBER Title MANAGING MEMBER Name KANE, JONATHAN

HAPPY, FREDERIC Name

100 MONTGOMERY STREET SUITE Address City-State-Zip: NEW YORK NY 10022

2270

SAN FRANCISCO CA 94104 City-State-Zip: Title

MANAGING MEMBER Name HAPPY, RAYMOND Title

527 MADISON AVENUE, 5TH FLOOR Address Name HOSKOW, PETER

Address 155 NORTH WACKER SUITE 1790 City-State-Zip: NEW YORK NY 10022

City-State-Zip: CHICAGO IL 60606

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City-State-Zip:

Address

NEW YORK NY 10022

MANAGING MEMBER

527 MADISON AVENUE, 5TH FLOOR

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.

MANAGING MEMBER SIGNATURE: JONATHAN KANE Electronic Signature of Signing Authorized Person(s) Detail

04/29/2020

Date

# **Authorized Person(s) Detail Continued:**

Title MANAGING MEMBER
Name KISSANE, ROBERT

Address 527 MADISON AVENUE, 5TH FLOOR

City-State-Zip: NEW YORK NY 10022

Title MANAGING MEMBER
Name KISSANE, THOMAS

Address 527 MADISON AVENUE, 5TH FLOOR

City-State-Zip: NEW YORK NY 10022

Title MANAGING MEMBER

Name RICE, ROBERT

Address 100 EAST PRATT STREET SUITE 2118

City-State-Zip: BALTIMORE MD 21202