

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 12, 2006 8:00 am**  
**Secretary of State**

05-12-2006 90240 022 \*\*\*\*50.00

**DOCUMENT # L00000005422**

1. Entity Name  
A COUNSELING EXPERIENCE, L.L.C.



Principal Place of Business  
2481 9TH AVE N.  
ST PETERSBURG, FL 33713

Mailing Address  
2481 9TH AVE N.  
ST PETERSBURG, FL 33713

40000100



**DO NOT WRITE IN THIS SPACE**

05102006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
59-3644758

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

KOSCHO, RAYMOND A LCSW  
2481 9TH AVE N.  
ST PETERSBURG, FL 33713

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00.**  
**Due by September 6, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
KOSCHO, RAYMOND A  
2481 9TH AVENUE NORTH  
ST PETERSBURG, FL 33713

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5/8/06 727/321-7915