

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90696 040 ****50.00

DOCUMENT # L01000008628

1. Entity Name

INTEGRATIVE COUNSELING SERVICES, LLC



Principal Place of Business

Mailing Address

302 SOUTHAR ST., #206
KEY WEST FL 33040

302 SOUTHAR ST., #206
KEY WEST FL 33040

2. Principal Place of Business

302 Southard

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste #206

City & State

City & State

Key West

Zip

Country

Zip

Country

FL

33040

4. FEI Number 65-1109909

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOUCY, PAMELA K
302 SOUTHAR ST., #206
KEY WEST FL 33040

Name

Street Address (P.O. Box Number is Not Acceptable)

302 Southard St. #206

City Key West

FL

Zip Code 33040

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME SOUCY, PAMELA K
STREET ADDRESS 302 SOUTHAR ST., #206
CITY-ST-ZIP KEY WEST FL 33040 ☐ Delete

TITLE
NAME
STREET ADDRESS 302 Southard St #206
CITY-ST-ZIP Key West, FL 33040 ☒ Change ☐ Addition

TITLE MGRM
NAME SOUCY, ROBERT B
STREET ADDRESS 302 SOUTHAR ST., #206
CITY-ST-ZIP KEY WEST FL 33040 ☐ Delete

TITLE
NAME
STREET ADDRESS 302 Southard St #206
CITY-ST-ZIP Key West, FL 33040 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Pamela K Soucy RE: PAMELA K Soucy

29 APR 03 (305) 292-3916

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

Date

Daytime Phone #

CR2E083 (10/02)