2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# L02000004733

Entity Name: INTEGRATIVE COUNSELING, LLC

Current Principal Place of Business:

5560A NORTH OCEAN BLVD.
OCEAN RIDGE, FL 33435

New Principal Place of Business:

Current Mailing Address:

5560A NORTH OCEAN BLVD.
OCEAN RIDGE, FL 33435

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HALL-LEWIS, DEBORAH
5560A NORTH OCEAN BLVD.
OCEAN RIDGE, FL 33435 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HALL-LEWIS, DEBORAH
Address: 5560 A N. OCEAN BLVD.
City-St-Zip: OCEAN RIDGE, FL 33435

ADDITIONS/CHANGES:

Title: P (X) Change ( ) Addition
Name: HALL-LEWIS, DEBORAH
Address: 5560 A N. OCEAN BLVD.
City-St-Zip: OCEAN RIDGE, FL 33435

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: DEBORAH HALL-LEWIS P 04/09/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date