

# 2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

## AMENDMENT

DOCUMENT # L02000010949

1. Entity Name  
FINANCIAL COUNSELING SERVICES, LLC



FILED

05 APR 20 PM 3:17

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



Principal Place of Business  
6804 WASHINGTON PLACE  
BRADENTON, FL 34207 US

Mailing Address  
6804 WASHINGTON PLACE  
BRADENTON, FL 34207 US

2. Principal Place of Business

205 Montgomery Ave  
Suite, Apt. #, etc.  
# 3

3. Mailing Address

205 Montgomery Ave  
Suite, Apt. #, etc.  
# 3

03302005 Chg-LLC CR2E083 (10/03)

City & State

Sarasota FL

City & State

Sarasota FL

4. FEI Number

81-0553537

Applied For

Not Applicable

Zip

Country

Manatee

Zip

Country

Manatee

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

AGENTS AND CORPORATIONS, INC.  
773 4TH AVENUE NORTH STE. E  
NAPLES, FL 34102

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

David N Williams

4/5/05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$50.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME LARSON, SHARON  
STREET ADDRESS 6804 WASHINGTON PLACE  
CITY-ST-ZIP BRADENTON, FL 34207 ☐ Delete

TITLE MGRM  
NAME SEAMAN, KELLY K  
STREET ADDRESS 2421 15TH ST WEST  
CITY-ST-ZIP PALMETTO, FL 34221 ☐ Delete

TITLE MGRM  
NAME LEFFLER, ALLAN  
STREET ADDRESS 2227 Penzance St.  
CITY-ST-ZIP Palm Harbor, FL 34684 ☐ Delete

TITLE MGRM  
NAME CASTOR, DEVORAH  
STREET ADDRESS 7366 Eaton Court  
CITY-ST-ZIP University Park, FL 34201 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200054032642  
05/09/05--01004--008 \*\*\*55.00 ☒ Change ☐ Addition

TITLE MGRM  
NAME SEAMAN, Kelly M  
STREET ADDRESS 2421 - 15th St.  
CITY-ST-ZIP Palmetto, FL 34221 ☒ Change ☐ Addition

TITLE MGRM  
NAME LEFFLER ALLAN  
STREET ADDRESS 2227 Penzance St.  
CITY-ST-ZIP Palm Harbor, FL 34684 ☐ Change ☒ Addition

TITLE MGRM  
NAME CASTOR, DEVORAH  
STREET ADDRESS 7366 Eaton Court  
CITY-ST-ZIP University Park, FL 34201 ☐ Change ☒ Addition

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

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:

Sharon Larson

4/5/05 941-807-1771

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

Date

Daytime Phone #