

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000010949

FILED
Jul 08, 2007
Secretary of State

Entity Name: FINANCIAL COUNSELING SERVICES, LLC

Current Principal Place of Business:

205 MONTGOMERY AVE #3
SARASOTA, FL 34243 US

New Principal Place of Business:

Current Mailing Address:

205 MONTGOMERY AVE #3
SARASOTA, FL 34243 US

New Mailing Address:

7366 EATON COURT
UNIVERSITY PARK, FL 34201 US

FEI Number: 81-0553537 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

AGENTS AND CORPORATIONS, INC.
300 FIFTH AVENUE SOUTH
SUITE 101-330
NAPLES, FL 34102 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: LARSON, SHARON
Address: 6804 WASHINGTON PLACE
City-St-Zip: BRADENTON, FL 34207 US

Title: MGRM () Delete
Name: SEAMAN, KELLY M
Address: 2421 15TH ST WEST
City-St-Zip: PALMETTO, FL 34221 US

Title: MGRM () Delete
Name: LEFFLER, ALLAN
Address: 2727 PENZANCE ST.
City-St-Zip: PALM HARBOR, FL 34684

Title: MGRM () Delete
Name: CASTOR, DEVORAH
Address: 7366 EATON COURT
City-St-Zip: UNIVERSITY PARK, FL 34201

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LARSON, SHARON
Address: 2411 115TH TERR. E.
City-St-Zip: PARRISH, FL 34219 US

Title: MGRM (X) Change () Addition
Name: SEAMAN, KELLY M
Address: 24229 IONA AVE.
City-St-Zip: MORRISTOWN, MN 55052 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DEVORAH CASTOR

MGRM

07/08/2007

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