

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000010949

FILED
Apr 28, 2008
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:

7366 EATON COURT
UNIVERSITY PARK, FL 34201 US

New Mailing Address:

FEI Number: 81-0553537

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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: 2411 115TH TERR. E.
City-St-Zip: PARRISH, FL 34219 US

Title: MGRM () Delete
Name: SEAMAN, KELLY M
Address: 24229 IONA AVE.
City-St-Zip: MORRISTOWN, MN 55052 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: 5514 N. ORMONDO WAY
City-St-Zip: LITCHFIELD PARK, AZ 85340 US

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

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

04/28/2008

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