

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L02000010949

**FILED**  
**Oct 06, 2010**  
**Secretary of State**

**Entity Name:** FINANCIAL COUNSELING SERVICES, LLC

**Current Principal Place of Business:**

7366 EATON COURT  
UNIVERSITY PARK, FL 34201 US

**New Principal Place of Business:**

6519 MOORINGS POINT CIRCLE  
UNIT 102  
BRADENTON, FL 34202 US

**Current Mailing Address:**

7366 EATON COURT  
UNIVERSITY PARK, FL 34201 US

**New Mailing Address:**

6519 MOORINGS POINT CIRCLE  
UNIT 102  
BRADENTON, FL 34202 US

**FEI Number:** 81-0553537

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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: AGENTS AND CORPORATIONS, INC.

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LARSON, SHARON  
Address: 4431 M. CONDA CT.  
City-St-Zip: LITCHFIELD PARK, AZ 85340 US

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

Title: MGRM  
Name: LEFFLER, ALLAN  
Address: 2081 NORTH POINTE ALEXIS DR.  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: MGRM  
Name: CASTOR, DEVORAH  
Address: 6519 MOORINGS POINT CIRCLE UNIT 102  
City-St-Zip: BRADENTON, FL 34202

I hereby 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: SHARI LARSON

MGRM

10/06/2010

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