

# **LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L05000096629

1. Entity Name

Counseling & Consulting With Care, LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
5201 NW 36th Court

3. Mailing Address  
5201 NW 36th Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Gainesville, Florida

City & State

4. FEI Number 201203150

Applied For  
Not Applicable

Zip  
32653

Country  
Alachua

Zip  
32653

Country  
USA

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Spiegel & Utrera, P.A.

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

1840 Coral Way, 4th Floor

City Miami

FL

Zip Code  
33145

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

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

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR, Norma J. Charles, Psy.D.  
5201 NW 36th Court  
Gainesville, FL 32653

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
400070794824  
04/18/06--01032--016 \*\*55.00

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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:

*Norma J. Charles, Psy.D.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

3/23/06 (352)  
392-1171  
Date Daytime Phone #

**FILED**

2006 APR -5 PM 4:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*mk*

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CR2E083B (12/02)