

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000003877

**FILED**  
**Mar 31, 2011**  
**Secretary of State**

**Entity Name:** LIVEWELL COUNSELING & CONSULTING LLC

**Current Principal Place of Business:**

700 WAVECREST AVE.  
INDIALANTIC, FL 32903

**New Principal Place of Business:**

**Current Mailing Address:**

700 WAVECREST AVE.  
INDIALANTIC, FL 32903

**New Mailing Address:**

**FEI Number:** 80-0526883

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OLAZABAL, URSULA E  
700 WAVECREST AVENUE, #302  
INDIALANTIC, FL 32903 US

**Name and Address of New Registered Agent:**

OLAZABAL, URSULA E DR.  
700 WAVECREST AVENUE, #302  
INDIALANTIC, FL 32903 US

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: URSULA E. OLAZABAL

03/31/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: OLAZABAL, URSULA E DR.  
Address: 700 WAVECREST AVE.  
City-St-Zip: INDIALANTIC, FL 32903

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: URSULA E. OLAZABAL

DR.

03/31/2011

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