

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000002094

**FILED**  
**Mar 17, 2012**  
**Secretary of State**

**Entity Name:** LIFE COUNSELING SOLUTIONS, LLC

**Current Principal Place of Business:**

182 W. SR 434  
SUITE 1016  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

182 W. SR 434  
SUITE 1016  
LONGWOOD, FL 32750

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

RUCKER, SUZANNE  
1782 ALAQUA LAKES BLVD.  
LONGWOOD, FL 32779    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  
Name: RUCKER, SUZANNE  
Address: 1782 ALAQUA LAKES BLVD.  
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM  
Name: LACY, JANIE  
Address: 465 CRUZ BAY CIRCLE  
City-St-Zip: WINTER SPRINGS, FL 32708

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: SUZANNE RUCKER

MGRM

03/17/2012

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