

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000161434

**Entity Name:** CLARITY COUNSELING, LLC

**FILED**  
**Oct 09, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

129 SHADOW LN  
LAKELAND, FL 33813

**New Principal Place of Business:**

**Current Mailing Address:**

129 SHADOW LN  
LAKELAND, FL 33813

**New Mailing Address:**

**FEI Number:** 46-1685887

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHOEPE, LAURIE M  
129 SHADOW LN  
LAKELAND, FL 33813 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:** LAURIE M. SCHOEPE

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

**Title:** MGRM  
**Name:** SCHOEPE, LAURIE M  
**Address:** 129 SHADOW LN  
**City-St-Zip:** LAKELAND, FL 33813

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

**SIGNATURE:** LAURIE M. SCHOEPE

MS.

10/09/2014

Electronic Signature of Authorized Person

Date