

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000068400

Entity Name: POSITIVE CHANGE COUNSELING, PLLC

Current Principal Place of Business:

505 N. PARK AVE.
SUITE 201
WINTER PARK, FL 32789

Current Mailing Address:

505 N. PARK AVE
SUITE 201
WINTER PARK, FL 32789 US

FEI Number: 27-0600349

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NORMAN, MARCIA PSY D
505 N. PARK AVE.
SUITE 201
WINTER PARK, FL 32789 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name NORMAN, MARCIA
Address 702 CANADICE LANE
City-State-Zip: WINTER SPRINGS FL 32708

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARCIA T NORMAN, PSYD

OWNER

01/25/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date