

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000003877

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

**Current Principal Place of Business:**

700 WAVECREST AVE.  
UNIT 302  
INDIALANTIC, FL 32903

**Current Mailing Address:**

700 WAVECREST AVE.  
UNIT 302  
INDIALANTIC, FL 32903

**FEI Number:** 80-0526883

**Certificate of Status Desired:** Yes

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

OLAZABAL, URSULA EDR.  
700 WAVECREST AVENUE  
UNIT 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name OLAZABAL, URSULA EDR.  
Address 700 WAVECREST AVENUE, UNIT 302  
City-State-Zip: INDIALANTIC FL 32903

*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:** URSULA E OLAZABAL

DR

04/05/2017

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date