

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000008798

Entity Name: SONIA VOCKELL COUNSELING LLC

Current Principal Place of Business:

495 ROBERTS ROAD
JACKSONVILLE, FL 32259

Current Mailing Address:

495 ROBERTS ROAD
JACKSONVILLE, FL 32259

FEI Number: 27-1705162

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VOCKELL, SONIA
495 ROBERTS ROAD
JACKSONVILLE, FL 32259 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 MGR
Name VOCKELL, SONIA
Address 495 ROBERTS ROAD
City-State-Zip: JACKSONVILLE FL 32259

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SONIA VOCKELL

MANAGER

01/12/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date