

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000056166

**FILED**  
**Apr 02, 2018**  
**Secretary of State**  
**CC0829993641**

**Entity Name:** STEP OF FAITH COUNSELING LLC

**Current Principal Place of Business:**

4135 SW. HWY 17  
SUITE A MAILBOX IN FRONT DRIVE AS REQUESTED BY PO  
ARCADIA, FL 34266

**Current Mailing Address:**

PO BOX 102  
NOCATEE, FL 34268 US

**FEI Number:** 45-3619059

**Certificate of Status Desired:** No

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

HIMMEL JACOBSON, STACY  
4135 SW HWY 17  
SUITE A  
ARCADIA, FL 34266 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:** STACY HIMMEL JACOBSON

04/02/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title DIRECTOR  
Name JERROLD, JACOBSON  
Address PO BOX 102  
City-State-Zip: NOCATEE FL 34268

Title AMBR  
Name JACOBSON, HANNAH  
Address PO BOX 102  
City-State-Zip: NOCATEE FL 34268

Title TREASURER  
Name JACOBSON, JERROLD H  
Address PO BOX 102  
City-State-Zip: NOCATEE FL 34268

Title JERROLD H JACOBSON MR.  
Name JACOBSON, JERROLD H  
Address 4135 SW. HWY 17  
SUITE A MAILBOX IN FRONT DRIVE  
AS REQUESTED BY PO  
City-State-Zip: ARCADIA FL 34266

*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:** JERROLD JACOBSON

MGR

04/02/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date