

**2015 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000056166

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

**Current Principal Place of Business:**

4135 S. HWY 17  
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 S HWY 17  
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

10/28/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

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

*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

**DIRECTOR**

10/28/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date