

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000093986

**Entity Name:** DEBORAH MICHAUD, M.A., LMHC, NCC, QSLMHC, QSLMFT, LLC

**FILED**  
**Sep 15, 2017**  
**Secretary of State**  
**CC0987222445**

**Current Principal Place of Business:**

475 OSCEOLA STREET  
SUITE 1200, ROOM 107  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

475 OSCEOLA STREET  
SUITE 1200, ROOM 107  
ALTAMONTE SPRINGS, FL 32701 US

**FEI Number: 45-3026053**

**Certificate of Status Desired: No**

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

MICHAUD, DEBORAH M  
108 WEST CITRUS STREET  
ALTAMONTE SPRINGS, FL 32714 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 MICHAUD, DEBORAH M  
Address 108 WEST CITRUS STREET  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

*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: DEBORAH MICHAUD**

**LMHC**

**09/15/2017**

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

\_\_\_\_\_  
Date