

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000044214

Entity Name: KATHLEEN ANDERSON, LMHC, LLC

Current Principal Place of Business:

9140 GOLFSIDE DR.
SUITE 12N
JACKSONVILLE, FL 32256

Current Mailing Address:

9140 GOLFSIDE DR.
SUITE 12N
JACKSONVILLE, FL 32256

FEI Number: 45-5006183

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ANDERSON, KATHLEEN A
9140 GOLFSIDE DR.
SUITE 12N
JACKSONVILLE, FL 32256 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 OFC
Name ANDERSON, KATHLEEN A
Address 6221 LAKE LUGANO DR
City-State-Zip: JACKSONVILLE FL 32256

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: KATHLEEN ANDERSON, LMHC

OWNER,LMHC

01/10/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date