

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000024605

**Entity Name:** LIFE STRATEGIES COUNSELING CENTER LLC

**Current Principal Place of Business:**

16 N CLYDE AVE  
KISSIMMEE, FL 34741

**Current Mailing Address:**

703 STONEWYK WAY  
KISSIMMEE, FL 34744 US

**FEI Number: 46-4804797**

**Certificate of Status Desired: No**

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

FERNANDEZ, MARIA  
703 STONEWYK WAY  
KISSIMMEE, FL 34744 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	AP	Title	AP
Name	FERNANDEZ, MARIA	Name	FERNANDEZ, RAUL
Address	703 STONEWYK WAY	Address	703 STONEWYK WAY
City-State-Zip:	KISSIMMEE FL 34744	City-State-Zip:	KISSIMMEE FL 34744

*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: MARIA FERNANDEZ**

**AP**

**01/26/2016**

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

\_\_\_\_\_  
Date