

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000024605

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

**Current Principal Place of Business:**

3309 SW 34TH CIRCLE UNIT 101  
OCALA, FL 34474

**Current Mailing Address:**

4860 SW 62ND ST  
OCALA, FL 34474 US

**FEI Number:** 46-4804797

**Certificate of Status Desired:** No

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

FERNANDEZ, MARIA  
4860 SW 62ND ST  
OCALA, FL 34474 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	MGR	Title	MGR
Name	FERNANDEZ, MARIA	Name	FERNANDEZ, RAUL
Address	4860 SW 62ND ST	Address	4860 SW 62ND ST
City-State-Zip:	OCALA FL 34474	City-State-Zip:	OCALA FL 34474

*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

**OWNER/REGISTERED  
AGENT**

**02/01/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date