

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000031934

**Entity Name:** RESOLUTION COUNSELING SERVICES, LLC

**Current Principal Place of Business:**

399 BURLEIGH BLVD  
#392  
TAVARES, FL 32778

**Current Mailing Address:**

399 BURLEIGH BLVD  
#392  
TAVARES, FL 32778 US

**FEI Number:** 46-5044075

**Certificate of Status Desired:** No

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

STICKNEY, AMANDA  
399 BURLEIGH BLVD  
#392  
TAVARES, FL 32778 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 AMBR  
Name STICKNEY, AMANDA  
Address 399 BURLEIGH BLVD  
#392  
City-State-Zip: TAVARES FL 32778

*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:** AMANDA STICKNEY

**OWNER**

**03/19/2022**

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

\_\_\_\_\_  
Date