

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000037594

**Entity Name:** FULL CIRCLE COUNSELING SERVICES, LLC

**Current Principal Place of Business:**

414 OLD HARD ROAD  
SUITE 107  
FLEMING ISLAND, FL 32003

**Current Mailing Address:**

414 OLD HARD ROAD  
SUITE 107  
FLEMING ISLAND, FL 32003 US

**FEI Number:** 46-5636988

**Certificate of Status Desired:** Yes

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

SANDELL, JENNY L  
414 OLD HARD ROAD  
SUITE 107  
FLEMING ISLAND, FL 32003 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 AUTHORIZED REPRESENTATIVE  
Name SANDELL, JENNY L  
Address 414 OLD HARD ROAD  
SUITE 107  
City-State-Zip: FLEMING ISLAND FL 32003

*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:** JENNY L SANDELL

**OWNER**

**03/06/2018**

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

\_\_\_\_\_  
Date