

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000076905

Entity Name: SAMUEL HOLTE COUNSELING SERVICES LLC

Current Principal Place of Business:

2715 MIRIAM ST S
GULFPORT, FL 33711

Current Mailing Address:

2715 MIRIAM ST S
GULFPORT, FL 33711

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOLTE, SAMUEL
2715 MIRIAM ST S
GULFPORT, FL 33711 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
Name HOLTE, SAMUEL
Address 2715 MIRIAM ST S
City-State-Zip: GULFPORT FL 33711

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: SAMUEL HOLTE

MANAGER

04/04/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date