

**2018 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**

**04/02/2018**

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

\_\_\_\_\_  
Date