

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000110838

Entity Name: SHINING LIGHT COUNSELING LLC

Current Principal Place of Business:

4400 NORTH HIGHWAY 19A
UNIT 5
MOUNT DORA, FL 32757

Current Mailing Address:

4400 NORTH HIGHWAY 19A
UNIT 5
MOUNT DORA, FL 32757 US

FEI Number: 47-4432019

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEFLER, BRANDI
4105 WOOD DR
MOUNT DORA, FL 32757 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 LEFLER, BRANDI
Address 4105 WOOD DR
City-State-Zip: MOUNT DORA FL 32757

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: BRANDI LEFLER

MGR

03/15/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date