

**2020 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  
4400 NORTH HIGHWAY 19A  
UNIT 5  
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 4400 NORTH HIGHWAY 19A  
UNIT 5  
City-State-Zip: MOUNT DORA FL 32757

Title MANAGER  
Name BARBRE, BRUCE  
Address 4400 NORTH HIGHWAY 19A  
UNIT 5  
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:** BRUCE BARBRE

**MANAGER**

**03/11/2020**

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

\_\_\_\_\_  
Date