

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000109049

Entity Name: FAMILY LIFE COUNSELING CENTER LLC

Current Principal Place of Business:

13806 CR 33
GROVELAND, FL 34736

Current Mailing Address:

13806 CR 33
GROVELAND, FL 34736 US

FEI Number: 81-3291679

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BURCHFIELD, CASSANDRA
8015 CARDIAL WINDS LANE
MASCOTTE, FL 34753 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: CASSANDRA BURCHFIELD

04/30/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	AMBR
Name	BURCHFIELD, CASSANDRA	Name	BURCHFIELD, DONNIE
Address	8015 CARDINAL WINDS LANE	Address	8015 CARDINAL WINDS LANE
City-State-Zip:	MASCOTTE FL 34753	City-State-Zip:	MASCOTTE FL 34753

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: DONNIE BURCHFIELD

AMBR

04/30/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date