

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000109049

**Entity Name:** FAMILY LIFE COUNSELING CENTER LLC

**Current Principal Place of Business:**

210 N. HWY 27  
SUITE 4  
CLERMONT, FL 34711

**Current Mailing Address:**

210 N. HWY 27  
SUITE 4  
CLERMONT, FL 34711 US

**FEI Number:** 81-3291679

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BURCHFIELD, CASSANDRA  
367 BLUE CYPRESS DRIVE  
GROVELAND, FL 34736 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

01/31/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	AMBR
Name	BURCHFIELD, CASSANDRA	Name	BURCHFIELD, DONNIE
Address	367 BLUE CYPRESS DRIVE	Address	367 BLUE CYPRESS DRIVE
City-State-Zip:	GROVELAND FL 34736	City-State-Zip:	GROVELAND FL 34736

*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

01/31/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date