

**2019 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L16000109049

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

**Current Principal Place of Business:**

1230 OAKLEY SEAVER DRIVE  
SUITE 307  
CLERMONT, FL 34711

**Current Mailing Address:**

1230 OAKLEY SEAVER DRIVE  
SUITE 307  
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

06/28/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

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

Title AMBR  
Name BURCHFIELD, DONNIE  
Address 367 BLUE CYPRESS DRIVE  
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

06/28/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date