

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000136699

**Entity Name:** PALLIATIVE COUNSELING, LLC

**Current Principal Place of Business:**

615 CAPE CORAL PKWY W.  
104  
CAPE CORAL, FL 33914

**Current Mailing Address:**

615 CAPE CORAL PKWY W.  
104  
CAPE CORAL, FL 33914 US

**FEI Number:** 81-3292798

**Certificate of Status Desired:** No

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

ST. CLAIR, RON  
615 CAPE CORAL PKWY W  
104  
CAPE CORAL, FL 33914 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:** ST. CLAIR RON

03/12/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name ULRICH, SANDRA  
Address 615 CAPE CORAL PKWY W.  
104  
City-State-Zip: CAPE CORAL FL 33914

*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:** SANDRA ULRICH

MANAGER

03/12/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date