

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000004922

**Entity Name:** LIVE AGAIN COUNSELING SERVICES LLC

**Current Principal Place of Business:**

19535 NORDHOFF STREET  
#433  
NORTHRIDGE, CA 91324

**Current Mailing Address:**

19535 NORDHOFF STREET  
#433  
NORTHRIDGE, CA 91324 US

**FEI Number:** 82-3419786

**Certificate of Status Desired:** No

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

DICKENS, FAITH L  
6578 N STATE ROAD 7  
COCONUT CREEK, FL 33073 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:** FAITH DICKENS

04/09/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                        |                 |                           |
|-----------------|------------------------|-----------------|---------------------------|
| Title           | CEO                    | Title           | AUTHORIZED REPRESENTATIVE |
| Name            | DICKENS, FAITH L       | Name            | MCDOWELL, GABRIELLE R     |
| Address         | 6578 N STATE ROAD 7    | Address         | 6578 N STATE ROAD 7       |
| City-State-Zip: | COCONUT CREEK FL 33073 | City-State-Zip: | COCONUT CREEK FL 33073    |

*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:** FAITH DICKENS

CEO

04/09/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date