

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000257118

**Entity Name:** REST COUNSELING & CONSULTING, LLC**Current Principal Place of Business:**501 N. MAGNOLIA AVENUE  
SUITE B08  
ORLANDO, FL 32801**Current Mailing Address:**501 N. MAGNOLIA AVENUE  
SUITE B08  
ORLANDO, FL 32801**FEI Number:** 82-3744163**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BELL, GUILAINE  
501 N. MAGNOLIA AVENUE  
SUITE B08  
ORLANDO, FL 32801 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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	PRES
Name	BELL, GUILAINE
Address	501 N. MAGNOLIA AVENUE SUITE B08
City-State-Zip:	ORLANDO FL 32801

Title	MANAGER
Name	BELL, TIMON
Address	501 N. MAGNOLIA AVENUE SUITE B08
City-State-Zip:	ORLANDO FL 32801

Title	AUTHORIZED MEMBER
Name	BELL , AYLA-ABIGAIL
Address	501 N. MAGNOLIA AVENUE SUITE B08
City-State-Zip:	ORLANDO FL 32801

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:** GUILAINE BELL

PRES

01/18/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date