

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000026771

Entity Name: LIVING STREAMS COUNSELING LLC

Current Principal Place of Business:

2290 10TH AVENUE N
SUITE 404
LAKE WORTH, FL 33461

Current Mailing Address:

2290 10TH AVENUE N
SUITE 404
LAKE WORTH, FL 33461 US

FEI Number: 26-4366997

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ACOSTA, RAFAEL DR.
2290 10TH AVENUE N
SUITE 404
LAKE WORTH, FL 33461 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: /S/ RAFAEL ACOSTA, ED.D.

02/09/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name ACOSTA, RAFAEL DR.
Address 2290 10TH AVENUE N
 SUITE 404
City-State-Zip: LAKE WORTH FL 33461

Title AUTHORIZED REPRESENTATIVE
Name ACOSTA, BETH DR.
Address 2290 10TH AVENUE N
 SUITE 404
City-State-Zip: LAKE WORTH FL 33461

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: /S/ BETH M. ACOSTA, PHD

**AUTHORIZED
REPRESENTATIVE**

02/09/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date