

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000198716

Entity Name: INTEGRATIVE HEALING COUNSELING SERVICES LLC

Current Principal Place of Business:

3222 CORRINE DRIVE
A
ORLANDO, FL 32803

Current Mailing Address:

P.O. BOX 141192
ORLANDO, FL 32814 US

FEI Number: 83-2634836

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAK COURT
A
TAMPA, FL 33612 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 AMBR
Name BARRITT-MCBRIDE, DOMINIQUE
Address 3222 CORRINE DRIVE, SUITE A
City-State-Zip: ORLANDO FL 32803

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: DOMINIQUE BARRITT-MCBRIDE

MANAGER/AUTHORIZED 02/12/2019
MEMBER

Electronic Signature of Signing Authorized Person(s) Detail

Date