

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000323373

**Entity Name:** CENTRAL FLORIDA CHRISTIAN COUNSELING, CONSULTING,  
COACHING, LLC

**Current Principal Place of Business:**

1962 GOLDEN PALM CIRCLE  
TAVARES, FL 32778

**Current Mailing Address:**

1962 GOLDEN PALM CIRCLE  
TAVARES, FL 32778 US

**FEI Number: 84-2051847**

**Certificate of Status Desired: Yes**

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

MENTAL HEALTH  
1962 GOLDEN PALM CIRCLE  
TAVARES, FL 32778 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: SHELLY LAVONNE BEST**

**04/27/2023**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name BEST, SHELLY LAVONNE DR.  
Address 1962 GOLDEN PALM CIRCLE  
City-State-Zip: TAVARES FL 32778

*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: SHELLY LAVONNE BEST**

**MANAGER**

**04/27/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date