

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000485561

Entity Name: STYLE OF LIFE COUNSELING LLC

Current Principal Place of Business:

5042 NIGHT STAR TRAIL
ODESSA , FL 33556

Current Mailing Address:

5042 NIGHT STAR TRAIL
ODESSA , FL 33556 US

FEI Number: 87-3497396

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FAIFMAN, CAROLINE C
5042 NIGHT STAR TRAIL
ODESSA, FL 33556 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 MGR
Name FAIFMAN, CAROLINE C
Address 5042 NIGHT STAR TRAIL
City-State-Zip: ODESSA FL 33556

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: CAROLINE FAIFMAN

OWNER

01/21/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date