

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000484103

Entity Name: RESET AND RECHARGE COUNSELING LLC

Current Principal Place of Business:

6009 PINE BLUFF LN
MASCOTTE, FL 34753

Current Mailing Address:

6009 PINE BLUFF LN
MASCOTTE, FL 34753

FEI Number: 92-1007406

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WALDIE, AMY M
6009 PINE BLUFF LN
MASCOTTE, FL 34753 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 OWNER
Name WALDIE, AMY M
Address 6009 PINE BLUFF LANE
City-State-Zip: MASCOTTE FL 34753

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: AMY M WALDIE

OWNER

03/21/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date