


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90137 026 ****50.00

DOCUMENT # L03000023837		
1. Entity Name DIVORCE BY MEDIATION, L.L.C.		
Principal Place of Business 418 NORWOOD COURT OVIEDO FL 32765		Mailing Address P.O. BOX 622346 OVIEDO FL 32762
2. Principal Place of Business 418 Norwood Ct.	3. Mailing Address P.O. Box 622346	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State Oviedo, FL	City & State Oviedo, FL	
Zip 32765	Country Seminole	Zip 32262
Country Seminole		Country Seminole

20010025



1st MOORE CR2E083 (10/04)

4. FEI Number 26-6367781		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent COHEN, MEREDITH J 418 NORWOOD COURT OVIEDO FL 32765		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Meredith J. Cohen, President DATE 1/24/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COHEN, MEREDITH 418 NORWOOD CT OVIEDO FL 32765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: Meredith J. Cohen, President DATE 1/24/05 407-977-0021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #