

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000033865

FILED  
Apr 10, 2008  
Secretary of State

**Entity Name:** FLORIDA MEDIATION CENTER, LLC

**Current Principal Place of Business:**

3949 EVANS AVENUE, SUITE 105  
FORT MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

3949 EVANS AVENUE, SUITE 206  
FORT MYERS, FL 33901

**New Mailing Address:**

FEI Number: 55-0866119

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

THOMPSON, STEPHEN D  
3949 EVANS AVENUE, SUITE 105  
FORT MYERS, FL 33901 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: THOMPSON, STEPHEN D  
Address: 3949 EVANS AVENUE, SUITE 105  
City-St-Zip: FORT MYERS, FL 33901

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: STEPHEN D THOMPSON

MGR

04/10/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date