

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000033865

**FILED**  
**Apr 19, 2010**  
**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:**

3949 EVANS AVENUE, SUITE 105  
FORT MYERS, FL 33901

**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  
Name: THOMPSON, STEPHEN D  
Address: 3949 EVANS AVENUE, SUITE 105  
City-St-Zip: FORT MYERS, FL 33901

I hereby 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

04/19/2010

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