

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2007 08:00 AM
Secretary of State



DOCUMENT # L05000119294
1. Entity Name
ADDICTION CONSULTING SERVICES, LLC

Principal Place of Business 300 SEVILLA AVENUE SUITE 215 CORAL GABLES, FL 33134	Mailing Address 300 SEVILLA AVENUE SUITE 215 CORAL GABLES, FL 33134
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01092007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3943586	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

NALL, DANIEL W
300 SEVILLA AVENUE
SUITE 215
CORAL GABLES, FL 33134

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IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	NALL, DANIEL W TRUSTEE
STREET ADDRESS	300 SEVILLA AVENUE
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
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CITY-ST-ZIP	

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02/21/07-80066-008 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **TRUSTEE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #