

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000091648

FILED
Jan 17, 2010
Secretary of State

Entity Name: CARPE DIEM COUNCELLING & WELLNESS SERVICES, LLC

Current Principal Place of Business:

14829 71ST PLACE NORTH
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

14829 71ST PLACE NORTH
LOXAHATCHEE, FL 33470

New Mailing Address:

P.O. BOX 1234
LOXAHATCHEE, FL 33470

FEI Number: 26-0865337

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARPER, ANGELA
14829 71ST PLACE NORTH
LOXAHATCHEE, FL 33470 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: MGRM
Name: HARPER, ANGELA
Address: 14829 71ST PLACE NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

Title: MGRM
Name: HARPER, HAROLD JR
Address: 14829 71ST PLACE NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

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: HAROLD HARPER JR.

MGRM

01/17/2010

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