

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000035070

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** SOUTH FLORIDA FAMILY TREATMENT LLC

**Current Principal Place of Business:**

6503 NW 66 WAY  
PARKLAND, FL 33067 US

**New Principal Place of Business:**

**Current Mailing Address:**

6503 NW 66 WAY  
PARKLAND, FL 33067 US

**New Mailing Address:**

**FEI Number:** 77-0717657

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PECUCH, ALEXSIS  
6503 NW 66 WAY  
PARKLAND, FL 33067 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: PECUCH, ALEXSIS  
Address: 6503 NW 66 WAY  
City-St-Zip: PARKLAND, FL 33067 US

Title: MGR  
Name: JOANNE, PECUCH  
Address: 6503 NW 66 WAY  
City-St-Zip: PARKLAND, FL 33067

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: ALEXSIS PECUCH

MGRM

04/30/2010

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