

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000042639

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** WEST BROWARD COUNSELING CENTER, LLC

**Current Principal Place of Business:**

2863 EXECUTIVE PARK DRIVE  
SUITE 106  
WESTON, FL 33331 US

**New Principal Place of Business:**

**Current Mailing Address:**

2863 EXECUTIVE PARK DRIVE  
SUITE 106  
WESTON, FL 33331 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

ARROYO, MONICA  
2863 EXECUTIVE PARK DRIVE  
SUITE 106  
WESTON, FL 33331 US

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

BURNS, SHAWNDA  
2863 EXECUTIVE PARK DRIVE  
SUITE 106  
WESTON, FL 33331 US

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: SHAWNDA BURNS

04/25/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MONICA ARROYO, LCSW, P.A.  
Address: 2863 EXECUTIVE PARK DRIVE, SUITE 106  
City-St-Zip: WESTON, FL 33331 US

Title: MGR  
Name: SHAWNDA P. BURNS, PL.  
Address: 2863 EXECUTIVE PARK DRIVE, SUITE 106  
City-St-Zip: WESTON, FL 33331 US

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: SHAWNDA BURNS

MGR

04/25/2011

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