

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000004429

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** COMMUNITY COUNSELLING SERVICE CO., LLC

**Current Principal Place of Business:**

461 FIFTH AVENUE  
NEW YORK, NY 10017

**New Principal Place of Business:**

**Current Mailing Address:**

3349 HIGHWAY 138  
BUILDING C, SUITE D  
WALL, NJ 07719

**New Mailing Address:**

**FEI Number:** 90-0286107      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: LEE, JOSEPH  
Address: 461 FIFTH AVENUE  
City-St-Zip: NEW YORK, NY 10017

Title: MGR  
Name: KISSANE, ROBERT  
Address: 461 FIFTH AVENUE  
City-St-Zip: NEW YORK, NY 10017

Title: MGR  
Name: GERUN, MICHAEL  
Address: 461 FIFTH AVENUE  
City-St-Zip: NEW YORK, NY 10017

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: MICHAEL GERUN      MGR      04/10/2012

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