

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000033865

Entity Name: FLORIDA MEDIATION CENTER, LLC

Current Principal Place of Business:

3949 EVANS AVENUE, SUITE 105
FORT MYERS, FL 33901

Current Mailing Address:

3949 EVANS AVENUE, SUITE 105
FORT MYERS, FL 33901

FEI Number: 55-0866119

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THOMPSON, STEPHEN D
3949 EVANS AVENUE, SUITE 105
FORT MYERS, FL 33901 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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGR
Name THOMPSON, STEPHEN D
Address 3949 EVANS AVENUE, SUITE 105
City-State-Zip: FORT MYERS FL 33901

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEPHEN D. THOMPSON

MANAGER

04/05/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date