

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000052843

**Entity Name:** DR. NYDIA CONRAD: COUNSELING AND PSYCHOLOGICAL ASSESSMENT SERVICES LLC

**Current Principal Place of Business:**

25344 WESLEY CHAPEL BLVD  
LUTZ, FL 33559

**Current Mailing Address:**

5050 17TH STREET  
ZEPHYRHILLS, FL 33542

**FEI Number: 27-2547798**

**Certificate of Status Desired: No**

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

CONRAD, NYDIA DR  
5050 17TH STREET  
ZEPHYRHILLS, FL 33542 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 CONRAD, NYDIA DR  
Address 5050 17TH STREET  
City-State-Zip: ZEPHYRHILLS FL 33542

*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: DR NYDIA CONRAD

OWNER

05/13/2014

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date