

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000067890

Entity Name: FLORIDA FAMILY COUNSELING CENTER LLC

Current Principal Place of Business:

3325 S. UNIVERSITY DRIVE
DAVIE, FL 33328

Current Mailing Address:

5350 PINE TERRACE
PLANTATION, FL 33317 US

FEI Number: 45-2525372

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILSON, JENNA
5350 PINE TERRACE
PLANTATION, FL 33317 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 MGRM
Name WILSON, JENNA
Address 5350 PINE TERRACE
City-State-Zip: PLANTATION FL 33317

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: JENNA WILSON

PRESIDENT

03/13/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date