

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000107285

**Entity Name:** N. DAVID HUBBARD, LMHC, P.L.

**Current Principal Place of Business:**

156 COUNTY HIGHWAY 393 NORTH  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

PO BOX 5116  
NICEVILLE, FL 32578-5116 US

**FEI Number:** 45-3324831

**Certificate of Status Desired:** No

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

HUBBARD, N. DAVID  
156 COUNTY HIGHWAY 393 NORTH  
SANTA ROSA BEACH, FL 32459 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 HUBBARD, N. DAVID  
Address PO BOX 5116  
City-State-Zip: NICEVILLE FL 32578-5116

*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:** N. DAVID HUBBARD

**MANAGER**

**04/17/2017**

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

\_\_\_\_\_  
Date