

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000097548

Entity Name: EMPOWERED FAMILY THERAPY SERVICES LLC

Current Principal Place of Business:

10752 DEERWOOD PARK BLVD
SUITE 100
JACKSONVILLE, FL 32216

Current Mailing Address:

11518 OAKBANK COURT
JACKSONVILLE, FL 32218

FEI Number: 46-3094877

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRUNO-JACOB, JUANITA C
1038-5 DUNN AVE
JACKSONVILLE, FL 32218 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 CEO
Name BRUNOJACOB, JUANITA C
Address 1038-5 DUNN AVE
City-State-Zip: JACKSONVILLE FL 32218

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: JUANITA C. BRUNOJACOB

CEO

02/22/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date