

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000153859

Entity Name: YOUR FAMILY THERAPY CENTER LLC

Current Principal Place of Business:

10796 PINES BLVD #101
PEMBROKE PINES, FL 33026

Current Mailing Address:

10796 PINES BLVD #101
PEMBROKE PINES, FL 33026

FEI Number: 46-4046400

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GOLDSON, LATHIEMA
15608 SW 53RD ST
MIRAMAR, FL 33027 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: LATHIEMA GOLDSON

03/27/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name GOLDSON, LATHIEMA
Address 10796 PINES BLVD #101
City-State-Zip: PEMBROKE PINES FL 33026

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: LATHIEMA GOLDSON

PRESIDENT

03/27/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date