## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000100720

Entity Name: FAMILY SOLUTIONS CENTER, LLC.

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**Current Principal Place of Business:** 

1401 NE 191 STREET 414D MIAMI, FL 33179

**Current Mailing Address:** 

1401 NE 191 STREET 414D MIAMI, FL 33179

FEI Number: 47-4243058 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARIAS INCOME TAX & ACCOUNTING SERVICES IN 4689 NW 199 STREET MIAMI GARDENS, FL 33055 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

FILED May 01, 2017

**Secretary of State** 

CC6674742269

Authorized Person(s) Detail:

Title MGR Title MGR

Name LEAL, EDUARDO Name LEAL, XIMENA

Address 1401 NE 191 STREET, APT 414D Address 1401 NE 191 STREET, APT 414D

City-State-Zip: MIAMI FL 33179 City-State-Zip: MIAMI FL 33179

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: XIMENA LEAL MANAGER 05/01/2017