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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT KISSANE

Electronic Signature of Signing Authorized Person(s) Detail

PRESIDENT

04/17/2013

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:

Authorized Person(s) Detail : Title Title MGR MGR Name LEE, JOSEPH Name KISSANE, ROBERT Address 3349 HIGHWAY 138 BLDG C STE D Address **461 FIFTH AVENUE** City-State-Zip: WALL NJ 07719

2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000004429

Entity Name: COMMUNITY COUNSELLING SERVICE CO., LLC

Current Principal Place of Business:

461 FIFTH AVENUE NEW YORK, NY 10017

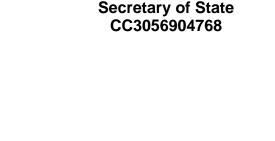
Current Mailing Address:

3349 HIGHWAY 138 BUILDING C. SUITE D WALL, NJ 07719

FEI Number: 90-0286107

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent City-State-Zip: NEW YORK NY 10017



Certificate of Status Desired: No

FILED Apr 17, 2013

Date

Date