


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 14, 2008 8:00 am**  
**Secretary of State**

07-14-2008 90096 041 \*\*\*138.75

<b>DOCUMENT # L01000000698</b>					
1. Entity Name SANDRA B. DUNN ACSW LCSW, LLC					
Principal Place of Business 9428 BAYMEADOWS RD BLDG III STE 134 JACKSONVILLE, FL 32256			Mailing Address 9428 BAYMEADOWS RD BLDG III STE 134 JACKSONVILLE, FL 32256		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3692795</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DUNN, SANDRA B 11623 LADY CLARE COURT JACKSONVILLE, FL 32223			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUNN, SANDRA B 11623 LADY CLARE CT JACKSONVILLE, FL 32223	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.					
SIGNATURE: <u>Sandra B Dunn</u>			Date: <u>07/11/08</u>		Daytime Phone #: <u>(904) 716-1311</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

