2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE

Feb 27, 2004 08:00 AM DOCUMENT # L02000001410 **Secretary of State** RICHARD H. STOUT DIVORCE MEDIATION AND FAMILY COUNSELING SERVICES, LLC Principal Place of Business Mailing Address 101 TIMBERLACHEN CIRCLE PO BOX 540681 SUITE 201 ORLANDO FL 32854-0681 LAKE MARY FL 32746 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc CR2E083 (11/03) City & State City & State 4. FEI Number Applied For 03-0411160 Not Applicable \$5.00 Additional Zip Country Z_{ip} Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STOUT, ROBIN C Street Address (P.O. Box Number is Not Acceptable) 101 TIMBERLACHEN CIRCLE SUITE 201 LAKE MARY FL 32746 Zip Code City FL 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 Signature, tycoid or primed name of registered agent and title if applicable DATE FILE NOW!!! FEE (S \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRP Change Addition 73**T**3 F TITLE ☐ Deiste STOUT, RICHARD H NAME U000000068611 NAME STREET ADDRESS 02/27/04-80047-023 50.00 STREET ADDRESS PO BOX 540681 CITY-ST-ZIP ORLANDO FL 32854-0681 COTY-ST-ZIP BILE ☐ Change Addition MGRP Delete SITE SAME NAME STOUT, ROBIN C STREET ADDRESS PO BOX 540681 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32854-0681 Defete Change Addition | TITLE NAME MENE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City - ST-ZIP TITLE Change TITLE Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE Change NAME SIARGE STREET ADORESS STREET ADDRESS CITY-ST-ZE CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

FILED