

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000001410

1. Entity Name
**RICHARD H. STOUT DIVORCE MEDIATION AND FAMILY
COUNSELING SERVICES, LLC**



Principal Place of Business

**101 TIMBERLACHEN CIRCLE
SUITE 201
LAKE MARY, FL 32746**

Mailing Address

**PO BOX 540681
ORLANDO, FL 32854-0681**



02072005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0411160

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STOUT, ROBIN C
101 TIMBERLACHEN CIRCLE
SUITE 201
LAKE MARY, FL 32746**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRP
STOUT, RICHARD H
PO BOX 540681
ORLANDO, FL 328540681**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRP
STOUT, ROBIN C
PO BOX 540681
ORLANDO, FL 328540681**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

000000223351
02/10/05-80042-012 50.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/8/2005

Date

407 898 2802

Daytime Phone #