


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90267 043 \*\*\*\*50.00

<b>DOCUMENT # L02000001410</b> 1. Entity Name <b>RICHARD H. STOUT DIVORCE MEDIATION AND FAMILY COUNSELING SERVICES, LLC</b>			
Principal Place of Business <b>101 TIMBERLACHEN CIRCLE SUITE 201 LAKE MARY, FL 32746</b>		Mailing Address <b>PO BOX 540681 ORLANDO, FL 32854-0681</b>	
2. Principal Place of Business Suite, Apt. #, etc. <i>Same</i>		3. Mailing Address <b>P.O. Box 953443</b> Suite, Apt. #, etc. <i>—</i>	
City & State <i>Same</i>		City & State <b>Lake Mary, FL</b>	
Zip <i>32746</i>	Country <i>USA</i>	Zip <b>32746-3443</b>	Country <b>USA</b>
4. FEI Number <b>03-0411160</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b> <b>STOUT, ROBIN C 101 TIMBERLACHEN CIRCLE SUITE 201 LAKE MARY, FL 32746</b>		<b>7. Name and Address of New Registered Agent</b> 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) Signature, typed or printed name of registered agent and title if applicable. DATE			
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP STOUT, RICHARD H PO BOX 540681 ORLANDO, FL 328540681	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
<b>SIGNATURE:</b> <i>Richard H. Stout</i>		Date <i>3/18/06</i> Daytime Phone # <i>407 322 8932</i>	