FILED
Apr 07, 2003 8:00 am
Secretary of State
03-07-2003 90014 030 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000001410

1. Entity Name
RICHARD H. STOUT DIVORCE MEDIATION AND FAMILY CO UNSELING SERVICES, LLC

Principal Place of Business	Mailing Address
101 TIMBERLACHEN CIRCLE SUITE 201 LAKE MARY FL 32746	101 TIMBERLACHEN CIRCLE SUITE 201 LAKE MARY FL 32746

2. Principal Place of Business	3. Mailing Address
	P.O. Box 540681
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: ORLANDO, FL
Zip / Country	Zip: 32854-0681 / Country: USA

☒ CHECK HERE IF MAKING CHANGES

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
OK.

7. Name and Address of New Registered Agent
Name: ROBIN (C.) STOUT
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS	Delete	10. ADDITIONS/CHANGES	Change	Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: Richard H. Stout, P.O. Box 540681, Orlando FL 32854-0681	☐	TITLE: Managing Partner	☐	☑
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: Robin C. Stout, P.O. Box 540681, Orlando FL 32854-0681	☐	TITLE: Managing Partner	☐	☑
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐	☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐	☐
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CR2E083 (10/02)

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] 2/28/03 407 823-0027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #