

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000003688

FILED
Jul 10, 2004
Secretary of State

Entity Name: CONFLICT RESOLUTION SERVICES FOR DIVORCING FAMILIES, LLC

Current Principal Place of Business:

1035 SILVER PALM LANE
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

1035 SILVER PALM LANE
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 01-0610855

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BROUSSARD, KAREN
1035 SILVER PALM LANE
MAITLAND, FL 32751

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRP () Delete
Name: BROUSSARD, KAREN
Address: 1035 SILVER PALM LANE
City-St-Zip: MAITLAND, FL 32751

Title: PD () Delete
Name: BERNBAUM, BARBARA S ED.D.
Address: 410 ALCÁZAR AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: PD () Delete
Name: GUEST, THOMAS A PH.D.
Address: 691 DOUGLAS AE. #103
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BROUSSARD, KAREN
Address: 1035 SILVER PALM LANE
City-St-Zip: MAITLAND, FL 32751

Title: MGRM (X) Change () Addition
Name: BERNBAUM, BARBARA S ED.D.
Address: 410 ALCÁZAR AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGRM (X) Change () Addition
Name: GUEST, THOMAS A PH.D.
Address: 691 DOUGLAS AE. #103
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: KAREN BROUSSARD

MGRM

07/10/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date