

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000015057

FILED  
Apr 11, 2009  
Secretary of State

**Entity Name:** PSYCHOLOGICAL EDUCATORS & CONSULTANTS, LLC

**Current Principal Place of Business:**

1522 SAN IGANCIO AVE  
NO. 1  
MIAMI, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

1522 SAN IGANCIO AVE  
ST. I  
MIAMI, FL 33146

**New Mailing Address:**

**FEI Number:** 03-0476513

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GARCIA-LARRIEU, JOAQUIN A  
10380 SW 115 ST.  
MIAMI, FL 33176 US

**Name and Address of New Registered Agent:**

GARCIA-LARRIEU, MARIA  
10380 SW 115 ST.  
MIAMI, FL 33176 US

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: MARIA GARCIA-LARRIEU

04/11/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SALADRIGAS, ELISA  
Address: 12353 NW 46 LN  
City-St-Zip: MIAMI, FL 33178

Title: MGRM ( ) Delete  
Name: GARCIA-LARRIEU, MARIA  
Address: 10380 SW 115TH ST  
City-St-Zip: MIAMI, FL 36176

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MARIA GARCIA-LARRIEU

VP

04/11/2009

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