

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000034929

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** FAMILY RESOURCE CENTER, L.L.C.

**Current Principal Place of Business:**

1336 OAKFIELD DRIVE  
BRANDON, FL 33511

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1098  
BRANDON, FL 33509

**New Mailing Address:**

**FEI Number:** 59-3203684

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VAN AMAN, NANCY  
1336 OAKFIELD DRIVE  
BRANDON, FL 33511 US

**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/MANAGERS:**

Title: C  
Name: VAN AMAN, NANCY  
Address: 1336 OAKFIELD DRIVE  
City-St-Zip: BRANDON, FL 33511

I hereby 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: NANCY A VAN AMAN

OWNE

04/27/2011

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