

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000030038

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** ROBERTA G. BENNETT M.A., M.S.W., LCSW, LLC

**Current Principal Place of Business:**

1810 WELLNESS LANE  
NEW PORT RICHEY, FL 34655 US

**New Principal Place of Business:**

**Current Mailing Address:**

1810 WELLNESS LANE  
NEW PORT RICHEY, FL 34655 US

**New Mailing Address:**

**FEI Number:** 20-0156707

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EGOZI, BERNARD L  
2999 NE 191 STREET  
SUITE 407  
AVENTURA, FL 33180 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: MGR  
Name: BENNETT, ROBERTA G  
Address: 1810 WELLNESS LANE  
City-St-Zip: NEW PORT RICHEY, FL 34655

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: ROBERTA G. BENNETT

MGR

04/21/2011

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