


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90043 018 \*\*\*\*\*55.00

<b>DOCUMENT # L03000041977</b> 1. Entity Name <b>CHRISTINE HERMAN , ACSW, LCSW, LLC</b>					
Principal Place of Business <b>801 W. GRANADA BLVD #305</b> <b>ORMOND BEACH, FL 32174</b>			Mailing Address <b>801 W. GRANADA BLVD #305</b> <b>ORMOND BEACH, FL 32174</b>		
2. Principal Place of Business <b>1890 LPGA BOULEVARD</b> Suite, Apt. #, etc. <b>Suite 131</b> City & State <b>Daytona Beach, FL</b> Zip <b>32117</b>		3. Mailing Address <b>1890 LPGA BLVD</b> Suite, Apt. #, etc. <b>Suite 131</b> City & State <b>Daytona Beach, FL</b> Zip <b>32117</b>			
Country <b>Volusia</b>		Country <b>Volusia</b>			
6. Name and Address of Current Registered Agent  <b>INCORPORATE USA, INC.</b> <b>3150 SANDY RIDGE DR</b> <b>CLEARWATER, FL 33761</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>HERMAN, CHRISTINE</b> <b>2 RIVER BLUFF CT</b> <b>ORMOND BEACH, FL 32174</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE: Christine Herman ACSW, LCSW, LLC 4/25/05</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

**14002551**



03302005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**20-0349053**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

**FL** Zip Code

386-  
274-1302

Date Daytime Phone #