# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Aug 03, 2005**
**Secretary of State**

DOCUMENT# L04000036282

**Entity Name:** JUDY LISTENS / REGRESSION THERAPY LLC

**Current Principal Place of Business:**

1189 S.W. 26TH AVENUE
FT. LAUDERDALE, FL 33312 US

**New Principal Place of Business:**

**Current Mailing Address:**

1189 S.W. 26TH AVENUE
FT. LAUDERDALE, FL 33312 US

**New Mailing Address:**

**FEI Number: 20-1122726** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.**

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

CHMIELARZ, JUDY
4470 SW 105TH AVENUE
DAVIE, FL 33328 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: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: PRES ( ) Change (X) Addition
Name: CHMIELARZ, JUDY
Address: 1189SW 26TH AVENUE
City-St-Zip: FT LAUDERDALE, FL 33328 US

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: JUDY CHMIELARZ PRES 08/03/2005

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