

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000077107

1. Entity Name
FUNCTION FIRST THERAPY SERVICES, PLLC



Principal Place of Business
14178 RIVER ROAD, UNIT C
PENSACOLA, FL 32507

Mailing Address
14178 RIVER ROAD, UNIT C
PENSACOLA, FL 32507



04032006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-8278810

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUGHES, NICOLE M
14178 RIVER RD, # C
PENSACOLA, FL 32507

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE D
NAME HUGHES, NICOLE
STREET ADDRESS 14178 RIVER RD, # C
CITY-ST-ZIP PENSACOLA, FL 32507

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05/02/06-80083-003 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Nicole Hughes 4/14/06 251-232-4000
Date Daytime Phone #