

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90018 044 \*\*\*\*50.00



DOCUMENT # L04000078721

1. Entity Name  
ALTERNATIVE SOLUTIONS OF THE PALM BEACHES,  
LLC

Principal Place of Business  
11214 MARINA BAY ROAD  
WELLINGTON, FL 33467

Mailing Address  
11214 MARINA BAY ROAD  
WELLINGTON, FL 33467

2. Principal Place of Business

3. Mailing Address

11214 Marina Bay Rd -

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Wellington, FL

City & State

FL - 33467

Zip

33467

Country

USA

Zip

Country

USA

04112006

Chg-LLC

CR2E083 (11/05)

4. FEI Number  
59-3788196

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SERCHAY, ALLAN  
5300 NW 33 AVENUE STE 117  
FORT LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent

Name  
DENISE PRICE

Street Address (P.O. Box Number is Not Acceptable)

11214 Marina Bay Rd

City  
Wellington

FL

Zip Code 33467

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

Denise Price

4-14-06

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

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CFO - President  
MS. DENISE PRICE  
11214 MARINA BAY ROAD  
WELLINGTON, FL 33467 ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: \*

Denise Price

4-14-06

561-333-7709

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

Date

Daytime Phone #