

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000005077

Entity Name: A M H COUNSELING, P.L.

**FILED**  
**Jan 26, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

609 5TH ST STE 3  
LIVE OAK, FL 32064

**New Principal Place of Business:**

609 5TH ST STE 2  
LIVE OAK, FL 32064

**Current Mailing Address:**

P.O. BOX 535  
LIVE OAK, FL 32064

**New Mailing Address:**

FEI Number: 26-4820643

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NORRIS, JOHN E  
253 NW MAIN BLVD.  
LAKE CITY, FL 32055 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: CEO  
Name: HARRELL, ANDREW M SR  
Address: 10333 124TH ST  
City-St-Zip: LIVE OAK, FL 32060

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: ANDREW HARRELL

CEO

01/26/2010

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